2019

The Reconstruction of Narrative Identity in Mental Health Recovery: A Complex Adaptive System Approach

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UNIVERSITY
OF WOLLONGONG
AUSTRALIA

The Reconstruction of Narrative Identity in Mental Health Recovery: A Complex Adaptive System Approach

A thesis submitted in fulfilment of the requirements of the degree

DOCTOR OF PHILOSOPHY

from the University of Wollongong

by

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BA (Psychology), BA Hons (Psychology), MA Counselling Psychology

School of Psychology

2019

This research has been conducted with the support of the Australian Government

Research Training Program Scholarship

Certification

I, Douglas John Rennox Kerr, declare that this thesis submitted in fulfilment of the requirements for the conferral of the degree Doctor of Philosophy, from the University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. This document has not been submitted for qualifications at any other academic institution.

Douglas John Rennox Kerr

29th August 2019

Formatting Statement

This thesis is presented in a journal article compilation format. With the exception of the introductory and concluding chapters, the thesis chapters are based on articles/papers published or submitted for publication in peer reviewed journals.

Dedication

Special thanks to my beloved daughter Dr Ann-Marie Hutchinson, son-in-law Donovan Hutchinson, and grandchildren Kai, Bella, and Ben who were a constant source of love and inspiration throughout my PhD journey. Thanks to you all. You provided a welcome nurturing balance in what was a long and often arduous journey. And a special dedication to Ruby, whose loving memory gave my journey particular meaning.

Acknowledgments

Thanks to Dr Lindsay Oades, my initial principal supervisor, whose support made my PhD journey possible. Lindsay (who left the university very early in my candidature) provided crucial guidance at the outset of my research that greatly influenced my journey direction. Thank-you, Lindsay. I appreciate your faith in me and your guidance.

Thanks to Dr Trevor Crowe, my subsequent principal supervisor, who guided the next part of my PhD journey. Trevor (who left the university about two-thirds through my candidature) was a guide, mentor, and supporter who provided unstinting encouragement and input. Thank-you, Trevor. I enjoyed working with you and look back fondly on that part of my journey. I greatly value and appreciate your supervision.

Thanks to Prof Frank Deane, my primary supervisor for the latter part of my PhD journey. Even before he was my supervisor, Frank took an interest in my research and indeed provided pivotal practical support. Thank-you, Frank. You went way beyond the call of duty, and I greatly appreciate it. It was an inspiration to work with you. I very much enjoyed your practical, focused, enthusiastic, and caring approach.

Thanks to Marie Johnson for all the administration assistance. I could always count on Marie's support. Whatever my admin requests, she would find a way to make it happen and do so with competence and care. Thank you, Marie. I appreciate it very much.

Thanks to all the research site administrators and research participants. The interest and enthusiasm you brought to my research project was often inspiring and greatly appreciated. Without your participation my PhD journey would not have been possible.

Abstract

Narrative identity reconstruction is complex and a key process in mental health recovery. Recovery processes are individual and nonlinear with unique developmental pathways that characterise this human adaptive growth. The nonlinear dynamic change processes are the least-understood aspects of recovery and the most difficult to harness in recovery-oriented healthcare. A need exists for novel approaches that focus on investigating those processes. As a nonlinear phenomenon, narrative identity reconstruction is suited to investigation from a complex adaptive system (CAS) perspective. The purpose of this thesis is to explore participants' narrative identity reconstruction as part of their mental health recovery, using a CAS perspective. This research project was guided by a constructivist (interpretive) research paradigm. It uses a conceptual framework that is informed by CAS, the life story model of identity (LSMI), intentional change theory (ICT), and the hero's journey. These are integrated into a narrative coaching approach. A two-study, exploratory mixed methods design was used to generate knowledge regarding participants' narrative identity reconstruction in recovery. In Study 1 interviews examined the recovery stories of 17 mental health peer workers in order to qualitatively explore the main elements of their narrative identity reconstruction in recovery. Participants' self-mastery (as part of personal agency), especially at redemptive story turning points, was found to be a crucial aspect of their narrative identity reconstruction. In Study 2, the findings from Study 1 were operationalised in a narrative coaching serious boardgame designed to improve participants' sense of self-mastery as a part of narrative identity reconstruction. The study aimed to quantitatively explore the boardgame intervention outcomes amongst a sample of 31 individuals (people in recovery) living with mental disorders and 31

participants (psychology students and psychologists) without mental disorders. It was considered a meaningful comparison as the clinical group, by virtue of participants' training and work, would likely have a relatively higher pre-intervention level of sense of self-mastery than the clinical group. Both groups demonstrated significant improvement in self-mastery, with the clinical group improvement reaching the pre-intervention level of the non-clinical group. The findings from the two studies were integrated. Participants' narrative identity reconstruction, characterised by sense of self-mastery, was understood as a causal narrative in which the individual is an agentic story protagonist within an agentic recovery journey story. In CAS terms, participants' self-mastery was understood as actualisation of their adaptive capacity (inherent potential), especially at bifurcation points (choice of alternative developmental pathways). This occurred as part of a shift from an illness attractor (habitual pattern of functioning) to a recovery attractor. Using a CAS perspective to explore the reconstruction of narrative identity responds to the call for complexity approaches to recovery-related healthcare. A better understanding of narrative identity reconstruction as adaptive growth in recovery could advance theory (i.e., offers domain specific applications and deeper understanding of LSMI, ICT, CAS), research (i.e., offers a more nuanced understanding of agency as a key aspect of recovery), and practice (i.e., offers a way for mental health professionals to practically assist their clients to reconstruct narrative identity). Future research should include randomised controlled trials to assess the effectiveness of the boardgame in supporting narrative identity reconstruction amongst individuals with a range of mental health disorders and at different stages of recovery.

Keywords: Mental health recovery, complex adaptive system, narrative identity, self-mastery, narrative coaching, serious game.

Glossary of Key Terms

Mental health recovery: Mental health recovery refers to the process that people with mental illness experience in gaining control, meaning, and purpose in their lives. It is a deeply personal, unique process whereby individuals change their attitudes, values, feelings, goals, skills and/or roles in pursuit of living a satisfying, hopeful, and contributing life of meaning and purpose beyond the limitations of mental illness. It is an ongoing, potentially transformative process whereby the individual deliberately shapes a desired identity in pursuit of a fulfilling life (Anthony, 1993).

Constructivism: Constructivism is a metatheoretical perspective on personal psychology and human change that emphasises the nonlinear dynamic structure of human existence. People are viewed as growth-oriented, active participants in their own lives and primacy is given to their values, preferences, and subjective experience. The focus is on possibilities and internal personal resources. Disorder and reorganisation of core functional patterns underpin change (Mahoney, 1991; Mahoney & Granvold, 2005).

Narrative constructivism: Narrative constructivism is a variant of constructivism. It posits that people necessarily make sense of their lives and construct their personal versions of reality by means of narrative, which entails the innate capacity to tell and understand stories. The ways that people conceptualise and tell their life stories become habitual and structure their experience, whereby people 'become' their autobiographical narratives (Bruner, 1991).

Narrative identity: Narrative identity refers to an internalised and evolving story of the self (a personal myth) that people construct to make sense and meaning out of their lives. The individual's life story is a cognitive script arranged in a characteristic temporal sequence complete with setting, characters, plots, scenes, and themes. This assumes the form of multiple stories of the self that integrate the reconstructed past, perceived present, and anticipated future (McAdams, 1985, 2018).

Narrative identity reconstruction: Narrative identity reconstruction refers to a view of stories as dynamic, ever-changing, and evolving processes. People's stories are continually being constructed in interaction with others and the world and are thus provisional and open to change and revision. This entails an emerging process that combines both constancy and change in which the individual exists in a state of continuous construction and reconstruction (Cox & Lyddon, 1997; Mackenzie, 2008).

Complex adaptive system: Complex adaptive systems (CAS) are living organisms which can both adapt to and change their environment so that it further meets their needs. This term refers to the complex nonlinear dynamical nature of all individuals, the adaptive evolutionary manner of personal change, and the interconnectedness of the various parts that comprise the individual as a system. The term 'complexity' in relation to CAS refers to the sequential nonlinear dynamical processes and patterns of functioning inherent in personal change (Bussolari & Goodell, 2009; Guastello, 2012).

Agency: In narrative identity, agency is the feeling of being in control of one's life. It is related to the degree to which people internalise their actions in their life story, reflect on them, and engage in them with a full sense of choice. This process enables people to

imaginatively construct their life story retrospectively (past), in-the-moment (current), and prospectively (future). Agency manifests in self-protection, self-assertion, self-expansion, and the urge to master (Foley Center for the Study of Lives, 2009; McAdams, 2001).

Self-mastery: Self-mastery is a theme in narrative identity where the individual as story protagonist strives successfully to strengthen the self and become a more powerful agent in the world. Insight into self (especially identity) and circumstance are common whereby the individual experiences a sense of control in his or her life and takes appropriate decisions and actions to solve problems and achieve desired outcomes (McAdams, 1985).

Narrative coaching: Narrative coaching is a mindful, experiential, and holistic approach that helps people shift their stories about themselves, others, and life itself to create new possibilities and new results. It is a holistic, person-centred approach that often focuses on identity and involves a dynamical, collaborative coaching relationship. It is practical in orientation and often utilises literary metaphors, models, and tools as means to facilitate personal change (Drake, 2010, 2018).

Serious games: The term 'serious game' refers to games that, while entertaining, model real-life situations and/or have a useful outcome. Serious games aim to promote learning objectives in an engaging and enjoyable manner. They are specifically designed to achieve some functional change in the player. They often focus on identity and allow players to learn new, adaptive skills for real-life use (Fitzgerald & Kirk, 2013; Fullerton, 2018)

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List of Names or Abbreviations

- Life story model of identity (LSMI)
- Complex adaptive system (CAS)
- Intentional change theory (ICT)

Chapter 1

1.1 Introduction and Overview

Chapter 1 introduces the overall research project. The project is contextualised, the research problem is identified, the study's purpose is defined, the research questions are stated, the research approach is briefly outlined, the significance of the project is considered, and the organisation of the thesis is outlined.

This thesis examines the reconstruction of narrative identity during mental health recovery using a complex adaptive system (CAS) perspective. The process of mental health recovery is a complex phenomenon (Guastello, 2012). Recovery processes are, by nature, individual and nonlinear with unique developmental pathways and complex characteristics that are normal and natural aspects of basic human adaptive growth (Deegan, 2001). The issue of nonlinear dynamic change processes, experienced by the person in recovery as both achievements and setbacks, remains one of the least-understood aspects of recovery and one of the most difficult to apply in recovery-oriented healthcare. A need exists for novel approaches that focus on investigating those processes (Katerndahl, 2016; Sturmberg, 2016).

It is suggested that linking narrative identity reconstruction in recovery to the complex, nonlinear dynamical processes inherent in adaptive growth may be a fruitful approach (Rudnick, 2012). As a nonlinear phenomenon, narrative identity reconstruction is highly suited to investigation from a complex adaptive system (CAS) perspective. A complexity approach is considered a flexible, useful model for understanding personal change in life transitions. It offers a framework and language that mental health professionals and researchers can use to understand and facilitate

transition during the often-erratic journey of recovery (Bussolari & Goodell, 2009; Byrne & Callaghan, 2014).

Narrative research from a complexity perspective would ideally describe the developmental pathways of complex systems with the key foci of interest being system stability, emergence, and change over time. This would entail an interpretive, exploratory approach where qualitative findings (e.g., interview data) can be operationalised to guide quantitative research.

This chapter contains the following sections: First, the background and context to the study are presented. This section briefly summarises the research literature, formulates the problem to be addressed and outlines the scope of the study. The research questions are then presented, both with regard to the overall program of research and the individual studies that comprise it. The conceptual framework and theoretical foundation of the research is then briefly outlined. A rationale for the overall methodology and sequence of studies is provided. Finally, the significance of the research program is described in terms of advancing theory and practice.

1.2 Background and Context of the Study

Although mental health recovery is a complex phenomenon, certain core elements can be identified. Recovery is a unique, personal endeavour that, in essence, is about the fulfilment of the individual's potential (Anthony, 1993). Recovery is often likened to a nonlinear metaphorical journey in which the individual must undertake certain tasks and overcome challenges in order to succeed. It is a potentially transformative journey associated with adaptive growth, where the individual experiences psychological wellbeing and quality of life as a result of engaging in and

overcoming the inherent difficulties (Watkins, 2007). The reconstruction of identity is considered a key process in the recovery journey. Individuals with mental illness often experience an interruption in, or even loss of, their sense of self and personal identity, which impedes recovery (Gallagher, 2003). The challenge is for individuals to construct a positive identity in place of an illness identity. This requires a reconsideration of illness as only one aspect of a multi-dimensional, evolving self that can identify, choose, and pursue personally meaningful outcomes despite mental illness (Davidson, O'Connell, Tondora, Lawless, & Evans, 2005). The evolving nature of identity reconstruction in recovery is aligned with a constructivist perspective which gives primacy to the values, preferences, and subjective experience of the individual and emphasises the complex, dynamical processes inherent in living systems (Slade, 2009). People's constructed world and identity in recovery are adaptive (Mascolo & Fischer, 2010).

As an evolving story of the self, narrative identity is open to revision and change. The process of reconstructing a positive, preferred life story in the face of mental illness can provide people with a sense of meaning, hope, and empowerment that promotes recovery (Brown & Kandirikirira, 2007; Nurser, Rushworth, Shakespeare, & Williams, 2018). A narrative constructivist approach to mental health assumes a plural notion of self (Bianco, 2011). In this view, the individual is comprised of multiple 'selves' each with their own story (e.g., life role) and narrative identity is an integration of selves and stories characterised by a dynamic interplay between aspects of self, others, and environment (Dimaggio, Hermans, & Lysaker, 2010). A plural self assumes unity of self in that the notion of multiple selves can be understood as different aspects of one and the same self. The plural self is fluid, malleable, and dynamically constructed (i.e., a mental construct) (Cox & Lyddon, 1997). Better recovery outcomes

are associated with agentic narrative identity where people intentionally pursue their desired goals and outcomes (Adler, 2012). The narrative constructivist self is intentional and, in principle at least, the individual may deliberately choose what stories to tell and how to tell them, and thus choose a self-determined narrative identity (Mahoney, 1991).

The narrative constructivist self may be viewed as a complex adaptive system (CAS). In this view the individual is inherently intelligent, intentional, adaptive, growth-oriented, and continually evolving. Personal change involves nonlinear dynamical processes of functioning characterised by sequential patterns of change over time that manifest in unique developmental pathways (Mahoney, 1991; Mahoney & Granvold, 2005). The individual has inherent adaptive capacity, which is the ability to respond to internal and/or environmental challenges in an adequate manner. The individual has the potential to evolve to a more complex and adaptive state-of-being with enhanced ability to deal with future challenges. Adaptive capacity is unique to the individual and may be improved by engaging in personal development exercises, particularly those focused on problem-solving and decision-making (Mahoney & Moes, 1997).

Narrative methodologies are widely used to conceptualise, understand, and promote recovery. Narrative coaching is particularly well aligned with recovery (Bora, 2010). It is a collaborative, process-oriented, experiential approach that often works at the level of identity and so addresses the key recovery process of identity reconstruction (Drake, 2017). It is highly practical and often uses coaching tools. The development of simple, concrete, and practical recovery coaching tools (e.g., Oades & Crowe, 2008; Onifade, 2011) that facilitate narrative identity reconstruction may have value in recovery. This includes the use of serious games such as boardgames. Inherently narrative, boardgames

allow players to learn new, adaptive skills that apply to real-life. Players can use the game environment as a safe place to explore possible selves, which may facilitate narrative identity construction (Fitzgerald & Kirk, 2013; Fullerton, 2018).

1.3 Problem Statement

Narrative identity reconstruction as a key recovery process is a complex phenomenon underpinned by nonlinear dynamical processes of human functioning. The personal change process is inherently erratic, unpredictable, and uncertain. Change is a sequential process from an existing system state to a higher, more complex and adaptive novel system state. The process includes stability and instability, order and disorder, equilibrium and disequilibrium, and linearity and nonlinearity (Butz, 1997; Guastello & Liebovitch, 2009). The issue of nonlinear processes in recovery is poorly understood and difficult to apply in recovery-oriented healthcare. A need exists to investigate narrative identity reconstruction in recovery using a complexity perspective.

1.4 Purpose Statement

The purpose of this thesis is to explore participants' narrative identity reconstruction as part of their mental health recovery, using a complex adaptive systems (CAS) perspective. The aim is to better understand the narrative identity reconstruction of people living with mental disorders. It was anticipated that the knowledge generated from the research project would add to the body of relevant knowledge and may be used practically to assist those in recovery.

1.5 Research Questions

The overall research question to be answered in this study is: How can

participants' narrative identity reconstruction as part of their mental health recovery be understood from a CAS perspective?

In answering the overall research question, five sub-questions related to the sequential studies that comprise the research project are addressed, as follows:

Study 1:

Research question 1: In a sample of peer support workers with lived experience of mental illness, what are the main narrative identity themes in their narrative identity reconstruction as part of their recovery?

Research question 2: How can the main narrative identity themes in participants' narrative identity reconstruction in recovery be understood from a CAS perspective?

Study 2:

Research question 1: In a narrative coaching serious boardgame intervention designed to facilitate participants' narrative identity reconstruction in mental health recovery, how does the performance of a clinical group (people in recovery, with mental disorders) compare to a non-clinical group (psychology students and registered psychologists, without mental disorders)?

Research question 2: In a sample of people in recovery (with mental disorders), what are the main effects of a narrative coaching serious boardgame intervention aimed at facilitating their narrative identity reconstruction as part of recovery?

Research question 3: How can participant outcomes in the narrative coaching serious boardgame intervention be understood from a CAS perspective?

1.6 Research Approach

This study was conducted within a constructivist (interpretive) guiding research paradigm. In this approach, the purpose of inquiry is to gain an in-depth understanding of a particular phenomenon and research is conducted in real-world contexts. This approach holds the view that the world is uniquely constructed, interpreted, and experienced by people in their interactions with each other and with wider social systems, the purpose of inquiry is to gain an in-depth understanding of a particular phenomenon, and research is naturalistic (real-world contexts) (Schwandt, 1994). Within the overarching constructivist paradigm, the study was aligned with personal constructivism, which focuses on the psychological processes involved in the construction of a person's version of reality (as opposed to social construction which gives primacy to societal influences). It was also aligned with narrative constructivism, which holds that storytelling is fundamental to the human experience. People necessarily make sense of their lives and construct their personal versions of reality by means of narrative, which entails an innate capacity to tell and understand stories (Bruner, 1987). Life yields stories, stories give meaning to life, and people are embedded in stories by which they shape and are shaped by their world (Elliott, 2005).

Three alternative major research paradigms – positivist, critical, and pragmatist (Patton, 2015) – were considered in the choice of paradigm to guide this thesis. A positivist research paradigm assumes a fixed external reality with universal natural laws, inquiry is objective with the use of experimental methods and statistical analyses, and the research aim is usually prediction and control. The positivist paradigm was relevant for part of the study (i.e., experimentally examining the nonlinear processes of adaptive change). However, as the focus of the study overall was on subjective understanding of

participants' experiences a positivist approach was not an appropriate choice as a guiding paradigm. A critical research paradigm assumes a constructed reality based on a fixed reality, inquiry is subjective with participative and transformative methods, and the research aim is emancipation. The critical paradigm was relevant in that the research was collaborative with recovery stakeholders being involved in the study throughout with the intention of conducting research that would have practical value and perhaps shape the provision of mental health services in terms of offering a means of psychological intervention that may empower both mental health workers and consumers. However, emancipation was not the main concern of the study and thus a critical approach was not deemed appropriate as a guiding paradigm. The pragmatist paradigm assumes a constructed reality based on best explanations of phenomena, inquiry is both objective and subjective with the use of mixed methods, and the research aim is to consider what works. The pragmatist paradigm was relevant in that a mixed methods research design was necessary to answer the study's research questions. However, its emphasis on expediency in the research process rather than philosophical thrust was not aligned with the strong qualitative drive that underpinned this study and therefore was not considered appropriate as a guiding paradigm. Thus, while positivist, critical, and pragmatist research paradigms were each relevant to this study in different ways, neither was deemed appropriate as a guiding research paradigm.

It is suggested that the constructivist guiding research paradigm chosen for this study offered a nuanced research approach and flexible investigative lens that could most adequately guide the research purpose and aims. In particular, the chosen research paradigm allowed for both gaining a broad understanding of the phenomenon of interest as well as a fine-grained examination thereof. Further, the overall guiding research paradigm was aligned with the essence of recovery in that it held an optimistic view of

the self as being filled with the possibilities of the fulfilment of personal potential in the face of mental health difficulties.

This constructivist paradigm encompasses a set of philosophical assumptions that undergirded the study. The assumptions are: an ontology (nature of reality) of subjective reality whereby multiple realities reflect different people's perspectives; an epistemology (nature of knowledge) of getting as close as possible to participants being studied and assembling subjective evidence based on their views; a methodology (how knowledge is obtained) that is inductive and involves the collection and analysis of mainly textual data; and an axiology (inherent research values) in which the research is conducted according to explicit values and the researcher makes explicit his/her personal positioning, experiences, and bias and how these factors were addressed (Creswell, 2013).

A predominantly qualitative mixed methods research approach was considered feasible and appropriate for this study. This approach is in line with the constructivist paradigm (Morgan, 2014). Narrative and constructivism are closely aligned and complement each other because narrative inquiry revolves around interest in life experiences as narrated by those who live them and the constructivist paradigm is based on gaining understanding by interpreting subject perceptions (Chiari & Nuzzo, 2010). The predominantly qualitative mixed methods research approach provided an overarching methodological framework in which each individual study addressed a set of incremental research questions that evolved to address the overall objective of the project (Creswell & Clark, 2011; Morgan, 2014). A mixed methods approach may be especially powerful when addressing complex, multifaceted issues such as people living with chronic illness (Tariq & Woodman, 2013). It provides a better understanding of

research problems than either qualitative or quantitative methods alone and may enrich results in ways that one form of approach does not allow (Hanson, Creswell, Clark, Petska, & Creswell, 2005).

A two-study, mixed method design was used. The first study involved exploratory qualitative interviews and the second study involved quantitative pre-post assessments of participants who played the serious boardgame. The multi-phase design allowed for the examination of the phenomenon of interest through connected qualitative and quantitative studies whereby the studies informed each other. In both studies, it was anticipated that the knowledge generated from inquiry could be helpful in illuminating and clarifying important aspects of narrative identity reconstruction and the inherent nonlinear dynamical processes of change.

In Study 1, the aim was to qualitatively explore the recovery stories of a sample of mental health services peer workers with a view to examining the main elements of their narrative identity reconstruction in recovery. Peer workers have lived experience of mental illness and, usually considered more advanced in recovery, are thus able to guide and assist others less advanced. It was anticipated that the knowledge generated from this inquiry could lead to deeper understanding of narrative identity reconstruction as part of recovery and form the basis for the development of a narrative coaching tool in the form of a narrative coaching serious boardgame designed to facilitate people's narrative identity reconstruction in recovery.

In Study 2, the aim was to quantitatively explore the narrative identity reconstruction amongst a sample of individuals living with mental illness and a separate sample of people without a mental illness that coincided with their playing a serious boardgame. The aim was to examine the boardgame intervention outcomes relevant to

participants' narrative identity reconstruction. This comparison was used primarily as it was considered likely that a psychologist sample (without mental disorders) would consist of individuals more developed in the variables of interest and thus provide a meaningful benchmark against which to measure the recovery sample's outcomes in the boardgame intervention. It was anticipated that the knowledge generated from this inquiry could lead to deeper understanding of how narrative identity reconstruction as part of recovery might be facilitated.

1.7 Significance of the Study

Investigating narrative identity reconstruction in mental health recovery using a complex adaptive system (CAS) perspective offers advantages that other approaches do not. Using a CAS approach, this research will promote a better understanding of narrative identity reconstruction from a perspective that considers self and recovery as characterised by discontinuous, nonlinear dynamical change processes. Investigating narrative identity reconstruction from a CAS perspective is important as it is focused on a key process in mental health recovery. This has the potential to advance theory, practice, and policy.

In terms of theory, this research could identify CAS elements of narrative identity that are especially important in narrative identity reconstruction. This would allow mental health professionals and people in recovery to better understand the key recovery process of narrative identity reconstruction as an inherently turbulent process (Gelo, & Salvatore, 2016). In doing so it makes a clear connection between the turbulent process of change and corresponding adaptive growth as a normal, natural part of personal change in recovery (Bussolari & Goodell, 2009). Identifying nonlinear dynamic change processes in qualitative data and making them explicit through the

formulation of dynamic conceptual models and exploring those formally in quantitative data sets could help identify novel intervention points to promote recovery. In turn, this may stimulate innovation in CAS research in mental health recovery (Ramalingham et al., 2008).

In terms of practice, a better understanding of narrative identity reconstruction from a CAS perspective could lead to the development of novel interventions designed to facilitate narrative identity reconstruction in recovery. Mental health professionals could use the research findings as a framework for practically assisting clients to construct a self-determined narrative identity aligned with adaptive growth in recovery. The concepts and principles that underpin CAS and the underlying change processes can be operationalised, offering the opportunity to move beyond metaphors to make the connections and relations explicit and make them real and tangible in practice (Roux, 2011). In this regard, developing recovery coaching as an intervention approach to operationalise CAS theory to facilitate narrative identity reconstruction, incorporating innovative coaching methods and tools, could be further explored as a means of facilitating narrative identity reconstruction.

In terms of policy, this research is broadly aligned with and supports national, state, and local mental health initiatives regarding delivery of recovery-oriented mental health services. Using a CAS perspective adds nuance to existing mental health services policy. This is in alignment with increasing calls for the implementation of a CAS model of service delivery in mental health services (Ellis, Churruca, & Braithwaite, 2017; Martin, 2018). The shift to CAS in mental health services can be viewed as a desperately needed and overdue paradigm shift and requires new standards of research quality that includes rich theorising, generative learning, and pragmatic application

(Greenhalgh & Papoutsi, 2018).

1.8 Organisation of the Thesis

This thesis is divided into five chapters, as follows:

Chapter 1 (this chapter) introduces and contextualises the overall research program, identifies the research problem and aims. A brief rationale for the research design is outlined along with the potential significance of the research.

Chapter 2 describes relevant literature on the topics of mental health recovery, narrative identity, complex adaptive systems, and narrative coaching. It focuses on selected aspects of those topics relevant to a complexity perspective on narrative identity reconstruction as part of mental health recovery. The topics are integrated to create a conceptual framework that can be operationalised in a narrative coaching serious boardgame intervention designed to facilitate participants' narrative identity reconstruction in recovery.

Chapter 3 presents the qualitative interview study. It explores 17 mental health peer workers' recovery journey stories in order to define, describe, and interpret their narrative identity reconstruction during recovery with a specific focus on understanding the findings from a CAS perspective. The findings from the interview data are presented in a conceptual model of participants' narrative identity reconstruction. These findings form the basis for the development of a narrative coaching serious boardgame designed to facilitate participants' narrative identity reconstruction in recovery.

Chapter 4 involves a trial of the serious boardgame in a sample of 62 people comprising two different samples. The samples were thirty-one people who did not have

a mental illness and 31people in recovery from mental illness. It quantitatively explores the facilitation of their narrative identity reconstruction in a narrative coaching boardgame intervention. The primary focus is on the 31 participants in recovery from mental illness and understanding the nonlinear dynamical processes of change involved in their playing outcomes.

Chapter 5 provides a discussion of the program of research in which the findings from the two studies are summarised and integrated. The significance of the research is highlighted. Limitations of the study are considered. Recommendations for future research directions are suggested.

Chapter 2

Narrative Identity Reconstruction as Adaptive Growth During Mental Health Recovery: A Narrative Coaching Boardgame Approach

Aspects of the following chapter have been published as papers in Psychiatric Rehabilitation Journal and Frontiers in Psychology (see Appendices A and B). Minor modifications were made to this chapter to conform to the thesis review process.

Kerr, D. J. R., Crowe, T. P., & Oades, L. G. (2013). The reconstruction of narrative identity during mental health recovery: A complex adaptive systems perspective. *Psychiatric Rehabilitation Journal, 36*(2), 108-109. http://dx.doi.org/10.1037/h0094978

Kerr, D. J .R., Deane, F. P., & Crowe, T.P. (2019). Narrative identity reconstruction as adaptive growth during mental health recovery: A narrative coaching boardgame approach. *Frontiers in Psychology, 10*(994). doi: 10.3389/fpsyg.2019.00994. eCollection 2019.

2.1 Introduction

The purpose of this paper is to construct a conceptual framework for investigating the reconstruction of narrative identity in mental health recovery from a complexity perspective. This conceptual framework provides the foundation for developing a health boardgame to facilitate narrative identity reconstruction. A selective integrative review of the theoretical and empirical literature relevant to narrative identity reconstruction in recovery was conducted. Sources included books, dissertations, internet resources, and professional journals. The reviewed material provides a conceptual framework that offers an enriched understanding of narrative identity reconstruction in recovery as a process of adaptive growth. It identifies the Hero's Journey, the Life Story Model of Identity, and Intentional Change Theory as particularly relevant in informing strategies for narrative identity reconstruction. The conceptual framework can be operationalised in a narrative coaching treatment approach using a boardgame. In practice, mental health professionals could use the narrative coaching boardgame to facilitate adaptive change with a focus on building skills to reconstruct their self-determined narrative identity and foster hope. Future research should explore what aspects of narrative identity and nonlinear dynamic processes of change are most important in people's recovery narratives and in particular these processes can be assessed in response to the use of the boardgame.

Mental health recovery refers to the idea that people with severe and persistent mental illness can pursue psychological wellbeing beyond the limitations of chronic illness (Anthony, 1993; Rogers, Farkas, & Anthony, 2005; Slade & Longden, 2015). Recovery is comprised of various components and processes such as building hope, taking responsibility, gaining a sense of control in life, and building a positive identity

(Andresen, Caputi, & Oades, 2006). Reconstructing narrative identity, to address the loss of sense-of-self and identity that often occurs in mental illness, is a key task for people in recovery (Wisdom, Bruce, Saedi, Weis, & Green, 2008). Narrative identity refers to the internal, evolving life story that people construct by integrating stories related to their past, present, and future to provide their lives with unity, meaning, and purpose (Bauer, McAdams, & Pals, 2008). Narrative identity is contextual, formed in relation to the individual's circumstances in life and the pursuit of outcomes in living one's life story (Mahoney, 1991). Narrative identity reconstruction entails the formation of an agentic identity where illness is redefined as only one aspect of a complex, multi-dimensional, evolving self that can intentionally choose to pursue wellbeing in recovery. It is a process of change characterised by personal transformation and adaptive growth (Davidson et al., 2005).

Recovery and the key task of narrative identity reconstruction can be understood from a narrative constructivist perspective. In this view, the individual is a self-in-process, ever-changing and adapting to internal and external environmental demands and storytelling is a fundamental process of human functioning (Mahoney, 1991; Bruner, 1987, 1991). As people evolve, so their stories may evolve and thus their narrative identity is open to change (McAdams, 1985; Ricouer, 1991). The individual can be viewed as a complex adaptive system (Butz, 1997; Rickles, Hawe, & Shiell, 2007; Pincus, Kiefer, & Beyer, 2018). This term refers to the complex nonlinear nature of the individual, the adaptive evolutionary manner of personal change, and the interconnectedness of the various parts that comprise the individual as a system (Guastello & Liebovitch, 2009). Recovery processes are by nature nonlinear as part of human adaptive growth (Deegan, 2001; Beeble & Salem, 2009; Slade, 2010) and are thus highly amenable to being considered from a complex adaptive system perspective.

Nonlinear change in recovery is poorly understood and is a difficult concept to apply in recovery-oriented healthcare. A need exists for novel approaches that focus on investigating those processes (Sturmberg, 2016; Graci, Watts, & Fivush, 2018). While sophisticated quantitative approaches have been developed to measure nonlinear change, the use of simple metaphors to articulate and explain such processes is an important approach (Gleick, 1988; Thelen, 2005). Linking narrative identity reconstruction to the complex processes of adaptation and adaptive growth may be a fruitful approach (Rudnick, 2012). A complexity approach considers the often unpredictable and erratic nature of nonlinear change processes in life transitions as normal and natural. Using an applied metaphorical approach can assist people to understand and harness those processes as part of making transitions, leading to adaptive growth and wellbeing in recovery (Bussolari & Goodall, 2009).

Narrative identity reconstruction as a process of adaptive growth can be understood and facilitated by treatment approaches that are strengths-based and target factors involved in nonlinear dynamic functioning (Mobus & Kalton, 2015). One such approach is narrative coaching. Narrative coaching is a person-centred, transformational intervention approach that is often focused on identity. It is practical in orientation and commonly utilises literary metaphors, models, and tools as means to facilitate personal change (Drake, 2010, 2018). A coaching tool in the form of a serious game (boardgame) may have particular salience for narrative identity reconstruction. The term 'serious game' refers to games that, while entertaining, model real-life situations and/or have a useful outcome. They aim to promote learning objectives in an engaging and enjoyable manner (Abt, 2002; Fitzgerald & Kirk, 2013). Boardgames are often narrative in design, use a metaphorical approach (Lelardeux, Alvarez, Monaut, Galaup, & Lagarrigue, 2013), focus on identity, and allow players to experiment with new ways of responding

to challenges and explore possible identities (Treher, 2011). They also have the capacity to operationalise complex concepts in a simple manner (Salen & Zimmerman, 2004; Fullerton, 2018).

The main focus of this paper is narrative identity reconstruction during recovery from severe and persistent mental illness. It outlines a conceptual framework in which theories and models related to recovery as a complex process of adaptive growth are integrated in a narrative coaching treatment approach, using a boardgame as a coaching tool. The conceptual framework is underpinned by the common theme of nonlinear phenomena, with close alignment between the theories and models outlined (see Table 1). Theoretical integration is operationalised in the boardgame (see Table 2). Narrative coaching to facilitate narrative identity reconstruction is a novel treatment approach in recovery and is aligned with improving wellbeing in patients with chronic conditions. The narrative coaching approach outlined is transdiagnostic and intended for use across common mental disorders. It is transdiagnostic as it targets people's style of narrative processing (i.e., narrating and interpreting life experiences) that underlies their personal agency. The treatment aim is to facilitate agentic narrative identity reconstruction aligned with mental health and psychological wellbeing in recovery. This approach is aligned with a key advance in the area of treatment for mental disorders, where transdiagnostic dimensions can be understood and targeted in interventions (Krueger & Eaton, 2015; Eaton, 2017; McGorry, Hartmann, Spooner, & Nelson, 2018).

The significance of the paper is that it provides a way of integrating concepts and theories with the common theme of adaptive growth (nonlinear phenomena) in narrative identity reconstruction during mental health recovery and, further, creates a framework for practically assisting clients to author their self-determined narrative

identity. This is important as narrative identity reconstruction is a key task in recovery. It is part of attaining psychological wellbeing, which is linked to improved recovery rates and positive outcomes across a wide range of life domains (e.g., education, employment, relationships, health) (Friedli, 2009). The paper is original in that, first, recovery concepts and theories with the common theme of nonlinear phenomena do not appear to have been previously integrated in a conceptual framework, and, second, the use of narrative coaching (with a boardgame coaching tool) to facilitate narrative identity reconstruction is a novel treatment approach to promote wellbeing in recovery. The paper will be of interest to mental health professionals, people in recovery, and researchers. For practice it offers a way for mental health professionals to facilitate their clients' narrative identity reconstruction in recovery. Future research could focus on further clarifying the most important elements of narrative identity reconstruction and nonlinear dynamic processes involved in people's recovery narratives.

2.2 Mental Health Recovery: A Journey of Adaptive Growth and Transformation

Mental health recovery as the pursuit of wellbeing despite chronic illness is a personal journey of healing and transformation in which the focus is on wellness and the fulfilment of people's potential rather than the treatment of illness. The recovery-based approach to mental health is focused on personal recovery in contrast to clinical recovery. In clinical recovery, professionals diagnose and treat with the aim of curing people or reducing their symptoms. In personal recovery, the person leads his/her own journey towards a meaningful life and valued roles. These two versions of recovery can be intertwined although a person can experience one without the other (Slade, 2009). Despite the inherent tensions between them, personal and clinical approaches can be

complementary and mutually interact as recovery unfolds. In this view recovery is initiated, driven, and experienced by the individual but mental health professionals and services provide a facilitative environment (Tse, Cheung, Kan, Ng, & Yau, 2012). Recovery can be a journey of self-discovery and personal growth (Slade, 2009; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). By nature, the journey is multidimensional and nonlinear with diverse trajectories and interplay of complex characteristics as part of human adaptive growth (Deegan, 2001; Onken, Craig, Ridgway, Ralph, & Cook, 2007; Slade, 2010). It is an intentional, self-directed, sustained endeavour that builds on hope, personal strengths, and valued goals and is characterised by a growing sense of agency where the individual accepts the limitations of illness and discovers a new world of possibility (Deegan, 1996; Drake & Whitley, 2014). In transformational personal change, the individual shifts from a passive to active sense of self. This often entails a rediscovery of self where the individual develops an enhanced ability to reflect on life experiences, learn from them, and take novel action. This is an adaptive process and is considered the essence of recovery (Glover, 2012). Recovery is aligned with a constructivist epistemological perspective. This approach prioritises subjectivity, the nonlinear dynamic processes inherent in personal change, transformation of the self, and the fulfilment of personal potential (Mahoney, 1991; Mahoney & Granvold, 2005; Slade, 2012).

Recovery is narrative in character. Creating individual recovery stories aligned with wellbeing and positive identity is central to mental health recovery (Nurser et al., 2018). Recovery stories may be viewed as a form of autobiographical narrative, a personal myth in which a decisive change in the life of the narrator is a key theme. This involves self-transformation, which signifies the creation of a new vision of self (Roe & Davidson, 2005; Silverstein & Bellack, 2008). This is a narrative that both includes

challenges associated with mental illness and personal strengths and capacities (Hood & Caruthers, 2016). Authoring a personal recovery story tends to be an empowering and healing experience for the narrator. People in recovery have the power to tell new stories that will help them overcome adversity and move forward in their recovery (Brown & Kandirikirira, 2007). Their stories are often inspirational and serve to inculcate hope and possibility in others for successful recovery (Kirkpatrick, 2008; Shepherd, Boardman & Slade, 2008). A common core narrative in people's recovery stories is the 'quest', which reframes the experience of illness as an opportunity to undergo personal transformation and attain wellbeing through overcoming difficulties and finding renewed purpose and meaning in life (Frank, 1995). This is an ongoing, redemptive journey in which the individual's life story shifts from one of chronic disability and stagnancy to a much more complex and dynamic life story (Ridgway, 2001; McAdams & McLean, 2013).

The core 'quest' narrative is encapsulated in the hero's journey (Campbell, 1968) literary metaphorical framework often used in recovery (Lamprell & Braithwaite, 2016; Scottish Recovery Network, 2016; Foundations Recovery Network, 2018). The hero's journey is an archetypal quest story referring to both males and females in which the individual as story protagonist undertakes a journey to address a pressing life issue and attain a greatly desired outcome, overcomes internal and external challenges along the way, and in doing so potentially undergoes personal transformation including a changed identity from being a victim to that of a hero (Booker, 2006; Watkins, 2007; Williams, 2019). The hero is an ordinary individual, often an underdog, who finds the courage, resilience, and strength to persevere and endure despite obstacles and setbacks (Allison & Goethals, 2017). The hero's journey epitomises the idea that challenges routinely arise in people's lives and the way that they process and respond to those

challenges can mean the difference between poorer or better mental health (Robertson & Lawrence, 2015). The person as protagonist on the hero's journey gains an understanding that challenges in life are to be embraced rather than avoided and that positivity may be found in moments and experiences perceived as negative. The difficulties inherent in the journey should not be minimised or underestimated. However, in having the courage to venture forth, individuals become heroes and heroines and in so doing reap great personal benefit while offering hope and encouragement to others (Scottish Recovery Network, 2016). The hero myth is a template for human growth and transformation (Hartley, 2010). It provides a mental model as a schema and script for how a person should behave in difficult situations and a role model to be emulated (Allison & Goethals, 2017). The hero's journey is a compelling metaphor for recovery as it encapsulates the challenges and tests of fortitude experienced by people on their recovery journey (Watkins, 2007). It places consumers as the leading protagonist in their recovery journey, enabling them to become active agents in their lives and establish new identities (O'Hagan, 2012). The hero's journey can be used as a narrative coaching or therapy tool that can be easily learnt and may be used as a scaffold for recovery (Hartley, 2010; Robinson, 2010).

The hero's journey is aligned with the strengths model of mental health care whereby people take personal responsibility for their recovery and draw on their inner resources to effect positive change in their lives (Rapp & Goscha, 2012). It is also aligned with a posttraumatic growth approach whereby people who encounter psychological difficulties following adversity often find inner strengths and abilities previously unknown and experience a positive change in self-concept (Niemeyer, 2004; Tedeschi & Calhoun, 2004).

2.3 Narrative Identity Reconstruction: Multiple Selves, Stories, and Possibilities

Mental illness often results in people experiencing a sense of loss of self and identity that is potentially devastating and must be addressed for recovery to become possible (Wisdom et al., 2008). There is substantial evidence that transforming identity is an important part of the process of improving outcomes in recovery (Yanos, Roe, & Lysaker, 2010). A main theme in both qualitative and quantitative research suggests that reconstructing identity is an important part of the recovery process (Davidson et al., 2005; Lysaker, Davis, Jones, Strasburger, & Hunter, 2007). The task is for individuals to redefine themselves, to reconstruct a preferred identity aligned with mental health and wellbeing (Slade, 2010). In the transformative process of identity reconstruction, the person gradually sheds the old self and embraces an emergent new sense of self characterised by a more stable and positive identity (Deegan, 2001; Wisdom et al., 2008). The transformative process of identity reconstruction is far from straightforward. It consists of a complex and ongoing struggle against multiple constraints, internal and external, to establish a more positive identity (Mancini, 2007).

Given that recovery and identity might be seen as narrative, the focus is frequently on narrative identity reconstruction (Bianco, 2011; Nurser et al., 2018). Severe mental illness often drastically diminishes people's ability to narrate their life story (Gallagher, 2003). Crises of identity, experienced as trauma and personal loss, can undermine the sense-of-self by disrupting the patterns of narrative coherence that are central to a person's self-concept (Mackenzie, 2008). Constructing a meaningful narrative of self and disorder that promotes recovery is a crucial aspect of identity reconstruction. The challenge for people is to tell stories about their lives in which they are a protagonist characterised by empowerment and agency (Lysaker, Lysaker, &

Lysaker, 2001). Narrative identity reconstruction is based on a view of stories as dynamic, ever-changing, and evolving processes. People's stories are continually being constructed in interaction with others and the world and are thus provisional and open to change and revision (Mackenzie, 2008). This is important because it allows people to intentionally change and evolve their stories in the pursuit of mental health and wellbeing. People's stories about their lives are a predictor of psychological wellbeing. Narrative identity has incremental validity in research where it has a stronger relationship with mental health than other common predictors (e.g., gender, personality traits, income) (Adler, Lodi-Smith, Philippe, & Houle, 2016).

One of the most widely used theories of narrative identity is the Life Story Model of Identity (LSMI) (McAdams, 1985, 1993, 1996, 2001, 2013, 2018). The LSMI views narrative identity as a person's internalised and evolving life story that is comprised of smaller stories of a person's experiences in various life domains (e.g., work, health, relationships). These stories intersect and, in turn, are filled with micro-stories of specific events. The individual's life story is a cognitive script arranged in a temporal sequence complete with setting, characters, plots, scenes, and themes. Thus, it is complex and dynamic, comprised of multiple stories of the self. Narrative identity can be viewed as a personal myth, in which people make sense of themselves and their lives by creating an imaginary heroic story of self. This includes the use of archetypes (e.g., Warrior, Sage), which are universal story characters with attributes (e.g., courage. wisdom) that can be expressed outwardly in a person's life. The individual can intentionally call upon archetypal inner resources to facilitate the construction of self-determined narrative identity. As a way forward in narrative identity research, McAdams (2013) has suggested that investigators should both further develop the LSMI with regard to specific domains and disentangle causal relations between features of life

stories and positive psychological adaptation.

Higher levels of personal agency (the feeling of being in control of one's life) in narrative identity are strongly associated with better mental health and psychological wellbeing (Brown, 2008; Adler et al., 2016). For example, Adler (2012) conducted a longitudinal study of 47 adults undergoing therapy in which participants wrote personal narratives and completed mental health assessments over the course of 12 therapy sessions. It was found that the themes of agency in participants' stories increased over time, that mental health increased, and that agency and mental health were related. Increased agency appeared in participants' stories before their mental health improved, and this was likened to participants putting put out a new version of themselves and living their way into it. Davidson and Strauss (1992) conducted interviews over three years with 66 persons struggling to recover from prolonged psychiatric disorders. It was found that the reconstruction of an enduring sense of self as an active, dynamical, and responsible agent provides an important aspect of improvement. Identity reconstruction was seen as a process involving (a) awareness of a more agentic sense of self, (b) taking stock of one's strengths and limitations, (c) putting aspects of the self into action, and (d) using this enhanced sense of self as a resource in recovery. Cochran and Laub (1994) conducted an in-depth small-n qualitative study with people who had undergone psychological trauma resulting from injury. Participants' initially assumed a victimic identity, but during treatment regained an agentic identity. Participants developed an understanding of themselves as active agents in charge of their lives, able to choose goals and actively direct their activities to achieve them. Identity reconstruction was held to be a correlated movement of the progressive construction of a new agentic life story and detachment from the victim story.

Agency enables people to play a part in their own adaptive growth (Bandura,

2001; Little, Snyder, & Wehmeyer, 2006). Agency is linked to the way that people reflect on their actions in their evolving life story and the sense of choice they experience when considering how to respond to life demands (Adler, 2012). This leads to a sense of control in life in which they are more likely to pursue valued goals and outcomes. There is often dramatic insight into the meaning of life and identity, with the person experiencing a transformation in self-awareness and self-understanding (McAdams, 1985).

Agentic narrative identity is comprised of a narrative agentic self within an agentic plot. The narrative agentic self is a protagonist who intentionally sets goals, strives to achieve those goals, overcomes obstacles, and actualises ideals. Agentic protagonists have high aspirations, persevere despite obstacles, see more and varied options, learn from failures, and have a strong sense of well-being (Little et al., 2006). The defining characteristic of the agentic self is action. Agentic action is powerful in that the individual intentionally engages with the world in a reflexive, proactive, and purposeful manner. More specifically it is quality of action that distinguishes a narrative agentic self. Quality of action entails an intentional action-reflection cycle where the character both acts as a participant in the story and stands back as a spectator (Cochran & Laub, 1994). This includes archetypal reflectivity, a process of deep reflection whereby people may consciously consider the archetypes active in their lives, as well as those that are not but that could be helpful, in order to inform and transform their lives (Mayes, 1999). The narrative agentic plot is an ongoing composition that shapes the individual's evolving life-story (Cochran & Laub, 1994; Polkinghorne, 1991, 1996). It is constantly updated as the individual makes decisions and takes actions in response to life demands (Little et al., 2006). How people arrange the plot points of their lives into a narrative, shapes who they are. The agentic plot can thus be considered causal narrative,

with predictive power, as it shapes a person's course of action over time (Cochran & Laub, 1994; McAdams, 2001; Elliott, 2005). This is important in recovery as the organisation of the life story can be predictive of mental health (McAdams, 1996).

Agentic narrative identity can be taught and learned by the use of models focused on adaptive growth. Models provide inspiration and motivation, portraying a path from the confines of what is to the possibilities of what might be. Cochran and Laub (1994) provide a guide for enhancing personal agency in narrative identity, as follows: (i) study an agentic model with which one can identify; (ii) use storytelling, to imaginatively explore and rehearse the possibilities of the model; (iii) learn skills to move from imagination to enactment in real life.

Agentic narrative identity is aligned with the notion of possible selves, a useful approach in recovery where the individual explores alternative future identities and outcomes in life (Markus & Nurius, 1996; Slade, 2009). Desired possible selves (Tse & Zhu, 2013; Bak, 2015) and desired future narratives (MacLeod & Conway, 2007; Sools, Tromp, & Mooren, 2015) are linked to better outcomes in mental health. The possible self is an imaginary conception of the individual's future self that encompasses cognitive representations of the person's hopes, fears, and fantasies (Hoyle & Sherrill, 2006; Erikson, 2007; Slade, 2009). A desired possible self is a behavioural blueprint that motivates the individual, guides behaviour in relation to desired outcomes in life, and promotes integrated narrative identity (Cross & Markus, 1991; Singer, 2004; Frazier & Hooker, 2006). An agentic possible self is one that intentionally pursues a preferred identity aligned with valued goals and outcomes (Cochran & Laub, 1994). In a narrative constructivist approach to mental health recovery, the possible self is one of a person's multiple selves and stories (e.g., current, ideal), any of which may be dominant at a given time in a given context (Mahoney, 1991; Mahoney & Granvold, 2005;

Bianco, 2011). The possible self must compete with co-existing identities that are mutually reinforcing, in tension, contradictory, and incompatible (Davidson et al., 2005). Multiplicity of selves can reinforce mental health difficulties or contribute to a healthy sense-of-self aligned with mental health and psychological wellbeing (Koch & Shepperd, 2004). Mental health presupposes an integrated narrative identity with a diversity of selves and stories existing in relative harmony and co-operation (McAdams, 1985; Singer, 2004).

Constructing narrative identity as an active process involves the use of narrative processing. This refers to the filtering of life experiences through a template where people perceive, select, and plot their lives using narrative devices such as imagery, characters, plot, goals, and underlying morals or themes (Sarbin, 1986; Singer & Bluck, 2001; Singer, 2004; Riessman, 2008). This is a cognitive, reflexive process that provides continuity to the ongoing process of composing and recomposing lives (Anderson, 1997). Autobiographical reasoning is also used and refers to the meaning that people make of their created narratives (Habermas, 2011). The person's point of view (e.g., agent, victim) in narrative processing is critically important. How the person makes sense of a life experience and acts on it will emerge from that point of view (Park & George, 2013). Optimal mental health and psychological wellbeing are associated with transformational narrative processing where the person openly explores difficult life experiences, finds a positive ending to these challenges, and grows from the experience (Pals & McAdams, 2004). Transformational processing is contrasted with ruminative processing, in which the person is unable to let go of old selves and goals (King, 2001; Pals & McAdams, 2004; Pals, 2006a, 2006b; Whitehead & Bates, 2016).

2.4 The Narrative Constructivist Self in Recovery: Complex Change and Adaptive growth

The narrative constructivist self in recovery as a complex adaptive system is an open system, intelligent, meaning-making, intentional, proactive, ever-changing, adaptive, and ever-evolving. It is a self-in-process, in a constant state of flux and becoming, underpinned by nonlinear dynamical processes of human functioning. The self is inherently growth-seeking and is teleonomic (self-driven) rather than teleological (goal-driven) (Chamberlain, 1998; Mahoney, 1991; Niemeyer, 1993; Perna & Masterpasqua, 1997). Personal growth, development, and transformation are inherent in the change processes of the narrative constructivist self and individuals are viewed as active participants in their own lives (Mahoney & Granvold, 2005). This perspective is a helpful model of self when applied to mental illness since it opens up the possibility of adaptive growth in relation to the challenges inherent in the recovery journey (Slade, 2009).

Adaptive growth as part of personal change in recovery involves both first-order, developmental (gradual) growth and second-order, transformational (abrupt) change (Gelo & Salvatore, 2016). Adaptive growth is constrained or facilitated by people's potential to respond adequately to internal and/or external challenges (Mahoney & Marquis, 2002). From a complex adaptive system perspective humans inherently have high levels of adaptive capacity, which allows them to proactively shape their life-course rather than just respond in a reactive manner to challenges. This affords them a sense of personal agency and identity (Little et al., 1996). Importantly, adaptive capacity exists as undeveloped potential until there is a demand placed on it. This is a critical factor in adaptive change. It is only when people are challenged in some way that adaptive capacity is called upon. People can enhance their adaptive capacity by

engaging in personal growth exercises such as developing creative flexibility in decision-making and problem-solving (Mahoney & Granvold, 2005; Mobus & Kalton, 2015).

In relation to mental health recovery, psychopathology is a dynamical system state of equilibrium where people's habitual patterns of functioning interfere with their everyday functioning and undermine wellbeing (Mahoney & Marquis, 2002). System destabilisation is a requisite for adaptive growth as the person's functional pattern will continue unless challenged. For system reorganisation to take place, old functional patterns must be altered or replaced. Optimal functioning and better mental health entail a turbulent balance between stability and instability as well as order and disorder in which the person is stable yet flexible and agile, trying novel responses to find the most adaptive system state to meet internal and/or external environmental demands (Salvatore, Tschacher, Gelo, & Koch, 2015; Gelo, & Salvatore, 2016). The main characteristic of adaptive growth in complex adaptive systems is multiplicity of possible outcomes, where an individual can explore and choose behaviour in response to demand (Plsek & Greenhalgh, 2001).

Intentional Change Theory (ICT) (Boyatzis, 2006; Boyatzis & McKee, 2006**)** is a model for sustainable personal change aligned with the concept of adaptive growth that may also be used to facilitate narrative identity reconstruction. ICT is a self-directed learning framework that uses the lexicon of complex adaptive systems to describe personal change. The goal is for the individual to attain a desired ideal self (e.g., self-determined narrative identity) in the context of pursuing an affectively compelling personal life outcome. The ICT change process entails movement through a sequence of five challenge steps in which the person answers a series of questions that, when successfully addressed, facilitates construction of the ideal self. Movement is from a

current, undesired state-of-being (current self) which functions as a *negative emotional attractor* (i.e., habitual pattern of functioning) to a desired state-of-being (ideal self) which is a *positive emotional attractor* (i.e., novel pattern of functioning). This is a transformative shift in the individual that may be viewed as second-order change (Gelo & Salvatore, 2016). Mindfulness is viewed as a central change mechanism in ICT with the aim of raising a person's awareness in order to intentionally engage in desired personal change. It is theorised that by increasing people's understanding of the complex nature of personal change, they learn to harness the processes rather than fear or misunderstand them (Boyatzis & McKee, 2006).

2.5 Narrative Coaching: Agentic Identity in the Making

The shift from a pathology orientation of illness and disability in recovery to a focus on mental health and psychological wellbeing has resulted in the use of positive, strengths-oriented interventions such as narrative coaching (Bora, 2010; Bora, Leaning, Moores, & Roberts, 2010; Slade, 2010; Cavanagh & Buckley, 2014). Narrative coaching is aligned with identity reconstruction in that it is an experiential approach that assists people to revise their personal narratives to gain fresh perspectives, pursue novel possibilities, and attain desired outcomes in life. **N**arrative coaching helps people become more aware of their choices in life which in turn provides an opportunity for them to intentionally author the multiple stories that comprise their narrative identity and help transform their illness narratives into healing ones (Drake, 2010, 2017, 2018). Narrative coaching is a transformative approach. It aims to facilitate second order change, which involves a shift in thinking that leads to a fundamental change in perspective of self (Hawkins & Smith, 2014). The shift is a transition from one state-of-being to a higher state, whereby the individual reflexively responds in a more adaptive

manner to situations. The individual's transformed paradigm allows an expanded repertoire of response possibilities to exist (Gelo & Salvatore, 2016).

Transformational identity change in narrative coaching can be facilitated by the use of reflexive questioning, which facilitates the person's ability to think about his or her own belief systems and make new connections. This is about integrating and/or perceiving novelty in situations that seem like old patterns of functioning (e.g., feeling judged, self-doubt). An important part of the process is the person's ability to reframe difficulties in a novel manner and mobilise his or her own problem-solving resources (Tomm, 1987; Hieker & Huffington, 2006). Reflexive questions entail (a) future-oriented questions (goal-oriented, solution-oriented questions that helps the person change his or her perspective and focus on possibilities he or she would like to see and move from a problem to a solution) (b) observer-perspective questions (supports the person to become less involved and try to take a more neutral position rather than from a fixed perspective whereby questions explore opposite content, context or meaning), and (c) hypothetical questions (aimed at exploring opposite perspectives, increased specificity, and comparison with peers). This process focuses on getting a person to investigate their interactions via introspection as they happen (differentiated from reflective thinking, which refers to thinking following action). Reflexivity encourages people to question their attitudes, thought processes, values, assumptions, prejudices and habitual actions, strive to understand their life roles, and appreciate how they influence their actions (Oliver, 2005). Reflexive coaching questions are an essential tool to facilitate self-awareness and assist individuals to reframe difficulties in a novel manner and find solutions to their problems (Hawkins & Smith, 2014).

Narrative coaching is a collaborative endeavour. The role of the coach is essentially that of facilitator, whereby the person is invited to participate in a process of

collaborative inquiry based on trust, openness, and transparency (Bora, 2010). A key role for a coach is to provide both an interpersonal structure and a narrative structure in which clients can engage and explore their stories (Levitt, 2002). The coach can collaboratively propose new life-story plots and help to map out new possibilities in the face of mental illness and thus new possibilities for individuals in recovery. Crucially, the coach can support individuals to re-author their identity and lives in ways that open up new paths and have the courage to walk them (Law, 2013).

Narrative coaching often involves the use of coaching tools to facilitate personal transformation (Biswas-Diener, 2010; Boniwell, Kauffman, & Silberman, 2014) including experiential and imaginal activities to help the person break away from old stories and author new ones (Drake, 2010). Serious games are increasingly used in coaching, and this includes the use of boardgames (Wattanasoontorn, Boada, Hernandez, & Sbert, 2013; Fitzgerald & Kirk, 2013; Drummond, Hadchouel, & Tesnie're, 2017; Gauthier et al, 2019). Serious games may be in digital format (e.g., computer games, smartphone applications) or more traditional formats (e.g., card games, boardgames). All formats have their advantages and disadvantages. The use of 'paper' boardgames in mental health recovery may be particularly advantageous. Boardgames have a history of use in therapeutic contexts and have several major advantages. Boardgames facilitate face-to-face interactions with peers and coaches, and these social interactions are assumed to enhance learning opportunities (Bochennek, Wittekindt, Zimmermann, & Klingebiel, 2007). They potentially appeal to a wider number of people due to their relative simplicity and familiarity, create an engaging atmosphere and playful environment in which to focus on learning, have the capacity to simplify larger concepts and make them suitable for experiential learning (Fullerton, 2018), have unique potential to engage people in collaborative activities (Zagal et al.,

2006), facilitate skills development in an entertaining treatment modality that can enhance personal effectiveness (Torres et al., 2002), may be used to examine how complex behaviour arises from simple components (Gobet et al., 2004), and are potentially transformative (Salen & Zimmerman, 2004). Their main disadvantages are that they can be overly complicated, lengthy to play, and boring (Fullerton, 2018).

The focus of boardgames on identity and exploring possible identities makes them highly relevant for narrative identity reconstruction in recovery. Agency is a critical factor in boardgames, where players experience choice of response and a sense of control over the game's outcome (Fullerton, 2018). This allows them to develop new concepts of self and the world and learn new, adaptive skills that they can use in real life (Mitgutsch, 2011). This is part of game-based learning in which the person develops a mental model that matches the game system which, in turn, models a real-world system (Wasserman & Banks, 2017). Once the individual learns the process, self-coaching becomes a valuable approach to self-management. People can use coaching tools to manage how they respond to stressors in life, especially by asking themselves the right kind of questions that direct them to solutions (Bora, 2010).

2.6 Conclusions

Using a narrative coaching treatment approach aligned with complex change processes inherent in adaptive growth provides an integrated framework (see Table 1) that may be of value in understanding and facilitating narrative identity reconstruction as part of psychological wellbeing in recovery. The development of a boardgame to facilitate narrative identity reconstruction (see Table 2) has several research and practical implications. Future research should explore what aspects of narrative identity and nonlinear dynamical processes of change are most important in people's recovery

narratives, with a view to assisting them to strengthen and leverage those aspects of self in constructing a self-determined narrative identity. In practice, mental health professionals could use the game to engage their clients in recovery, offer a model of adaptive change that normalises the often irregular and uncertain journey of recovery, assist clients to build skills to reconstruct their self-determined narrative identity, and foster their hope for a journey towards wellbeing and the fulfilment of their potential.

Table 1
Alignment between theories and models in an integrative conceptual framework for narrative identity reconstruction in mental health recovery

HERO'S JOURNEY (mental health recovery metaphorical journey)	**LIFE STORY MODEL OF IDENTITY (LSMI) (narrative identity)**	**INTENTIONAL CHANGE THEORY (ICT) (personal change model)**
Conceptualisation of self		
Narrative constructivist Complex adaptive system	Narrative constructivist Complex adaptive system	Narrative constructivist Complex adaptive system
Structure of narrative identity		
Story stages and plot-points	Storytelling elements	Sequence of change tasks
Goal underlying personal change		
Attain a valued outcome	Attain purpose and meaning	Attain a personal life vision
Personal change characteristics		
Internal/external challenges	Competing selves/stories	Internal/external barriers
Personal change mechanism		
Using inner attributes	Narrative processing	Mindfulness
Personal change process		
Nonlinear dynamical	Nonlinear dynamical	Nonlinear dynamical
Nature of narrative identity reconstruction		
Emergence of heroic self	Evolving life story	Emergence of ideal self
Identity change outcome		
Transformation of identity	Self-determined narrative identity	Realisation of ideal self

Table 2

An overview of the narrative coaching boardgame designed to facilitate narrative identity reconstruction

Steps in the game (Hero's Journey storyline)	**Challenges at each step** (Life Story Model of Identity)	**Coaching process** (Intentional Change Theory)
1. The Call Protagonist recognises a pressing life issue that must be faced and decides to embark on a journey to address it.	**Preferred identity** *Narrative identity challenge:* Clarify your journey direction and practise the skills you will use along the way.	**Game preparation** Psychoeducation. Coaching goal chosen. Values clarification. Ideal self conceptualisation. Mindfulness skills training.
2. Threshold Protagonist leaves his/her comfort zone and engages in the recovery journey.	**Underlying beliefs** *Narrative identity challenge:* Choose beliefs that could best support you on your journey.	**Game play** The game-playing mechanism is a five-step reflexive question sequence protocol used at all narrative identity challenges: How would your ideal self address this challenge? How is that different from the way you would currently address this challenge? What qualities/strengths that you have, could you draw upon to address this challenge? What archetypes and qualities/strengths could you draw upon to address this challenge? Pause and reflect. Based on the above discussion, what action/s can you take to address the
3. Road of Trials Protagonist is fully engaged in the journey and is tested in the process.	**Dominant attitude/s** *Narrative identity challenge:* Choose what attitude/s could best support you on your journey.	
4. Setback Protagonist is faced with a significant obstacle that must be overcome to make progress.	**Story turning points** *Narrative identity challenge:* Identify a possible main setback on your journey and consider how you could overcome it.	
5. Rising Action Protagonist is immersed in the journey and faces many competing demands.	**Managing aspects of self** *Narrative identity challenge:* Identify your life roles and consider how to manage them on	

	your journey.	challenge? (i.e., support those beliefs; support those attitudes; overcome that setback; manage your life roles; overcome your personal limitation; use your learnings).
6. Climax Protagonist must overcome his/her main personal limitation to succeed.	**Story high point** *Narrative identity challenge:* Identify your main personal limitation on the journey and consider how to address it.	
7. The Return Protagonist is changed as a person, and shares his/her learnings with others.	**Personal growth** *Narrative identity challenge:* Reflect on your journey learnings and consider how to use them beyond the game.	

2.7 The Proposed Research: A Summary

In order to address the research gap identified in the literature review it was considered a useful strategy to: (1) explore in depth the recovery stories of a few individuals who have advanced relatively well in recovery in order to identify what aspects of narrative identity reconstruction may have been important on their recovery journey; and (2) use the knowledge gained to practically assist others less advanced on their recovery journey and ascertain if the knowledge may be generalised to a larger population as well as gain further understanding about narrative identity reconstruction as a complex process.

In Study 1, it was proposed that the recovery stories of several peer workers would be qualitatively elicited (by means of interviews) and analysed (thematic analysis) to gain relevant knowledge regarding their narrative identity reconstruction. The Life Story Model of Identity (LSMI) was thought to be an appropriate way to

structure the investigation. The LSMI's specific focus on narrative identity and its comprehensive framework for examining stories in depth seemed to make it an ideal approach for achieving the aims of the study.

In Study 2, it was proposed that the findings of the first study would be operationalised in a serious boardgame designed to facilitate participants' narrative identity reconstruction. Quantitative methods (measurement of variables of interest, statistical analysis of outcomes) would be used to examine the main effects of the boardgame intervention. Intentional change theory (ICT) was thought to be an appropriate coaching framework. ICT's focus on the nonlinear dynamical processes of functioning inherent in sustainable personal change as well as the attributes of serious boardgames seemed to make this an ideal approach for achieving the aims of the study.

This chapter examined relevant literature on the topics of mental health recovery, narrative identity, complex adaptive systems, and narrative coaching. It focused on selected aspects of those topics relevant to a complexity perspective on narrative identity reconstruction as part of mental health recovery. A conceptual framework and theoretical foundation based on literature reviewed was provided. The topics were integrated to create a conceptual framework and theoretical foundation that can be operationalised to facilitate people's narrative identity reconstruction in recovery.

In the chapter that follows, the first of the two proposed studies is presented.

Chapter 3

Self-mastery: A Crucial Aspect of Narrative Identity Reconstruction in Recovery

The contents of this chapter have been submitted as a paper which is currently under review with a peer reviewed journal. Minor modifications were made to this chapter to conform to the thesis structure.

Kerr, D. J. R., Deane, F. P., & Crowe, T. P. (2019). A Complexity Perspective on Narrative Identity Reconstruction in Mental Health Recovery. *Manuscript submitted for publication*.

3.1 Introduction

The process of mental health recovery is a complex phenomenon (Guastello, 2012). Recovery is multi-dimensional, fluid, non-sequential, and permeates the life context of the individual. People in recovery must travel a personal, internal journey in pursuit of wellness while simultaneously embarking on a social, external journey in terms of negotiating life circumstances and events (Torrey, Rapp, Van Tosh, McNabb, & Ralph, 2005). There is a dynamic interaction among characteristics of the individual and the environment in which recovery may be facilitated or impeded. Recovery processes are, by nature, individual and nonlinear with unique developmental pathways and complex characteristics as part of basic human adaptive growth (Deegan, 2001). Adaptive growth as part of recovery refers to the complex nonlinear dynamical processes of human functioning that underpin change and adaptation whereby people can achieve personal development and, potentially, transformation through addressing their life challenges (Davidson et al., 2005).

The issue of nonlinear dynamic change processes, often experienced by the person in recovery as both achievements and setbacks, remains one of the least-understood aspects of recovery and one of the most difficult to apply in recovery-oriented healthcare. A need exists for novel approaches that focus on investigating those processes (Katerndahl, 2016; Sturmberg, 2016). For both theoretical and applied reasons, it is critical that research begins to examine in more depth the underlying narrative factors that relate to dynamic psychological states when narrating stressful and traumatic experiences (Graci et al., 2018). Linking narrative identity reconstruction in recovery to the complex, nonlinear dynamical processes inherent in adaptive growth may be a fruitful approach (Rudnick, 2012). As a nonlinear phenomenon, narrative

identity reconstruction is highly suited to investigation from a complex adaptive system (CAS) perspective. The term CAS refers to the multifaceted nonlinear dynamical nature of the individual, the evolving developmental manner of personal change over time, and the interconnectedness of the various parts that comprise the individual (Guastello & Liebovitch, 2009).

The aim of the article is to qualitatively explore participants' recovery stories to identify, describe, and clarify the most important aspects of their narrative identity reconstruction in recovery and understand the findings from a complex adaptive system (CAS) applied metaphorical perspective. It was posited that a better understanding of this phenomenon from a complexity perspective would allow mental health professionals, people in recovery, and researchers to proceed from a more informed perspective in terms of understanding narrative identity reconstruction as part of recovery. This is important as narrative identity reconstruction is a key task in recovery (Wisdom et al., 2008).

3.2 Mental Health Recovery: A Dynamic Journey of Adaptive Growth

Mental health recovery involves people with severe and persistent mental illness pursuing a desired quality of life beyond the limitations of illness. This often includes efforts to actualise a self-determined personal identity (Slade & Longden, 2015). Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential (Deegan, 1996). Widely conceptualised as a metaphorical journey, it is an intentional, sustained endeavour that builds on personal hopes and strengths characterised by a growing sense of agency and autonomy (Drake & Whitley, 2014) in which the individual both accepts

the limitations of illness yet discovers a new world of possibilities (Deegan, 1996). The possibilities for recovery are created by the inherent strength and capacity, available as personal potential, of all people experiencing mental health issues (Australian Health Ministers' Advisory Council, 2013). Recovery entails processes that are widely accepted such as finding and maintaining hope, re-establishing a positive identity, building a meaningful life, taking responsibility and control (Andresen et al., 2006), and moving from a passive to active sense of self (Glover, 2012). Taking an active stance is the hallmark of the recovery process (Deegan 1996). The ability to learn from, reflect upon, make sense of, and create meaning leading to new action, is the essence of personal recovery (Glover, 2012). Learning about, managing, and adapting to serious mental illness are key components of the recovery process (Green, 2004).

Recovery is narrative in character, with widespread use of peoples' stories of their experiences in recovery characterising knowledge sources for the experiences (Brown & Kandirikirira, 2007). Recovery stories may be seen as 'quest' journey narratives that open new pathways and present positive trajectories for a life course of discovery and personal growth beyond the experience of prolonged psychiatric disability. This entails an ongoing journey in which the individual's life story shifts from one of chronic disability and stagnancy to a much more complex and dynamic life story (Ridgway, 2001). Creating more positive individual narratives around illness and identity is at the heart of mental health recovery (Nurser et al., 2019). The term 'positive' in this sense can be understood as self-determined narrative identity aligned with the individual's desired quality of life in recovery.

Recovery is aligned with a narrative constructivist perspective, which is considered a helpful approach as it opens up the possibility of people's adaptive growth

in relation to the challenges inherent in the recovery journey. This perspective gives primacy to the values, preferences, and subjective experience of the individual (Slade, 2009, 2012), emphasises the complex, nonlinear dynamic processes of human functioning inherent in personal change and adaptive growth (Mahoney, 1991), posits that storytelling is innate in human functioning (Bruner 1991), holds that personal growth, development, and transformation are inherent in change, and views people as active participants in their own lives (Mahoney & Granvold, 2005). The individual is a multi-dimensional, complex, adaptive self that can intentionally choose to pursue recovery (Davidson et al., 2005).

3.3 Narrative Identity Reconstruction in Recovery: A Complex Process of Personal Change

The reconstruction of identity is considered a key task on the recovery journey. People with mental illness typically experience a sense of loss of self and identity that needs to be worked through for recovery to become possible. The task is for individuals to redefine themselves, to reconstruct a preferred identity consistent with mental health and well-being (Slade, 2009). Identity reconstruction is a transformative process in which the old self is gradually let go of and a new sense of self emerges (Deegan, 2001), notably a sense of self-worth and stable identity (Wisdom et al., 2008).

This is not to minimise the difficulties involved in identity reconstruction or romanticise the experience of recovery. There is a complex relationship between and within identity and recovery in which the process of establishing a more positive identity consists of an ongoing struggle against multiple internal and external constraints (Slade & Longden, 2015). Personal growth opportunities may not be readily apparent or proximal (Slade, 2009). Identity from a narrative constructivist view is

comprised of multiple concepts of self (e.g., life roles) that co-exist in states of mutual reinforcement, mutual contradiction, tension, and incompatibility (McLeod, 2004; Mahoney & Granvold, 2005). There is often an internal conflict between parts of self that are identified more with mental illness versus those that identify more with mental health. The person may struggle to accept that illness is only one dimension of an expanded sense of self (Davidson et al., 2005).

Given that recovery and identity might be seen as narrative, the focus is often on narrative identity reconstruction (Nurser et al., 2018). Narrative identity can be viewed simply as a person's evolving life story (McAdams, 1985). The contents of a life story and the way the story is structured and told both reflects and shapes who people perceive themselves to be (Adler, 2012). People's ability to narrate a story and the extent to which they engage in storytelling are important mediating factors in their narrative identity (McLean, Pasupathi, & Pals, 2007). Severe mental illness often involves a profound diminishment in a person's ability to narrate his or her own life's evolving story (Gallagher, 2003). Crises of identity, experienced as trauma and personal loss, can undermine the sense-of-self by disrupting the patterns of narrative coherence that are central to a person's self-concept (Mackenzie, 2008). Helping people to construct and develop a meaningful story of one's self and disorder that promotes recovery may be crucial to the transformation of a person's illness identity. The goal is to help people tell more coherent stories about their lives in which their role as protagonist is developed and transformed with themes of empowerment and agency (Lysaker et al., 2001). People in recovery have the power to tell new stories that will help them overcome adversity and move forward in reconstructing their sense of self (Brown & Kandirikirira, 2007). Narrative identity reconstruction is based on a systemic, dynamic view of stories as ever-changing processes. It is always being constructed and

reconstructed in interaction with people and the world and is thus provisional and open to change and revision (Mackenzie, 2008).

One of the most widely used theories of narrative identity is the Life Story Model of Identity (LSMI) (McAdams, 1985, 2018). The LSMI views narrative identity as a personal myth and focuses on the content and structural dimensions of life stories. The life story is the narrated product of the characteristic way the self is arranged in a temporal sequence complete with the storytelling elements of setting (fundamental beliefs and values), plot (high point, low point, turning points), characters (life roles, inner archetypes), scenes (redemption [negative to positive outcome], contamination [positive to negative outcome]), and themes (agency [power motivation], communion [relationships orientation]). The person's life story overall is comprised of the smaller stories of a person's experiences in various life domains (e.g., work, health, relationships). These stories often intersect each other and, in turn, are filled with micro-stories of specific events. Narrative identity is shaped in a dialectical interplay between person and environment, and factors in this interaction may enhance or limit people's ability to construct identity. The Life Story Model of Identity (LSMI) narrative identity is aligned with a life-course developmental orientation. The LSMI differs from other narrative identity theories (e.g., Somers, 1994) in that it is part of a broader personality theory, is subject to ongoing revision, has been operationalised for use, and is widely researched (Foley Center for the Study of Lives, 2009).

3.4 Complex Adaptive System (CAS): Adaptive Growth in Response to Challenges

Adaptive growth as part of narrative identity reconstruction in recovery can be understood from a complex adaptive system (CAS) perspective. CAS change entails

self-organising processes, emergent system states, and a patterned sequence of change. In self-organisation, a CAS moves from a given system state to a new and more complex system state by means of a transitory period that entails sequential nonlinear dynamical processes of change. In emergence, the system explores different response options until the most adequate adaptive states are selected. The new system state is characterised by novel behaviour where the individual demonstrates new patterns of functioning to solve old problems (Butz, 1997; Palombo, 2013). The principal signature of a CAS is multiplicity of possible outcomes whereby the individual has adaptive capacity (to choose, explore, and adapt in response to demand (Gelo & Salvatore, 2016; Pincus et al., 2018).

The individual in recovery as a CAS is an open system, intelligent, meaning-making, intentional, proactive, adaptive, and ever-evolving. It is a self-in-process, in a constant state of flux and becoming, underpinned by nonlinear dynamical processes of human functioning. The self is viewed as teleonomic (self-driven) rather than teleological (goal-driven) (Mahoney, 1991). Individuals as complex adaptive systems inherently strive for change, growth, and adaptation (Bussolari & Goodell, 2009).

Adaptive growth is constrained or facilitated by a person's unique adaptive capacity, which is the inherent potential to respond adequately to internal and/or external challenges (Mahoney & Moes, 1997). CAS proposes that individuals inherently have high levels of adaptive capacity. They are active agents who plot and navigate a chosen path through the challenges of their environment, engaging in self-evaluative feedback whereby they continuously interpret and evaluate their actions and consequences and respond accordingly. In doing so, they discover and refine who they are and what they are capable of, affording them a sense of personal agency and identity

(Little et al., 2006). Identity as an evolving life story (i.e., narrative identity) facilitates adaptation or reinforces pathology for the person whose identity the story is (McAdams, 1985, 2018).

CAS as a meaning-making model considers stress, disorder, unpredictability, and lack of control as normal and natural aspects of a nonlinear, adaptive transition process. It offers a conceptual framework and language to understand the nonlinear processes of human functioning involved in personal change in recovery (Bussolari & Goodall, 2009). CAS phenomena can be understood qualitatively (interpretive analysis), as in this study, and measured quantitatively (computer software analysis). A defining characteristic of a CAS approach is the use of applied metaphor, using simple language and images, to articulate complexity concepts and principles which are difficult to verbally define (Gleick, 1988). This has the potential to assist in changing the meanings individuals give to their lives and the transitions that occur, potentially leading to a higher level of adaptive growth in recovery. Mental health professionals and individuals can use this to better understand and facilitate transition during narrative identity reconstruction in recovery (Bussolari & Goodall, 2009).

3.5 Method

3.5.1 Research approach

Qualitative narrative methodologies are widely used to conceptualise, understand, and promote mental health recovery (Llewellyn-Beardsley et al., 2019). A narrative constructivist (interpretive) guiding research paradigm undergirds the study. The theoretical framework is an integration of narrative constructivism (Bruner, 1991; McLeod, 2004), Life Story Model of Identity (LSMI) (McAdams, 1985, 2018)

(narrative identity) theory, and complex adaptive systems (CAS) theory (Sturmberg & Martin, 2013). This offers a psychological framework that can identify, describe, clarify, and explain the content, structure, and processes involved in narrative identity reconstruction. The theoretical framework is as follows: (i) The narrative constructivist self is a complex adaptive system underpinned by the nonlinear dynamical processes of human functioning, including the innate function of interpreting and ordering life experiences in storytelling format; (ii) Life Story Model of Identity (LSMI) theory provides a storytelling format that people can use to narratively interpret and order their experience to construct their narrative identity; (iii) complex adaptive system (CAS) theory provides a way to understand the nonlinear dynamical processes of functioning that underpin the narrative constructivist self and narrative identity reconstruction. This theoretical framework provides a holistic, flexible lens that allows for both a broad (macro) and a fine-grained (micro) understanding of narrative identity reconstruction.

3.5.2 Participants

The focus was on individuals with lived experience of mental illness acting formally in the capacity of peer worker in the field of mental health care in New South Wales, Australia. Peer workers are employed by government and non-government organisations to provide peer support services to others with similar conditions. Peer workers are considered of vital importance in recovery. They have usually progressed in their own recovery and bring an experiential knowledge base to the workplace, providing invaluable mentorship and guidance to the people they support. As part of their role, they often share their personal stories of successful recovery (Repper & Carter, 2011; Davidson et al., 2012). Peer workers were chosen simply because, by virtue of having progressed relatively well in their own recovery journey, they are in a

position to assist others less advanced in recovery. It was anticipated that the knowledge generated from this enquiry could lead to deeper understanding of narrative identity reconstruction that could be used to assist others facing their own recovery journey.

Participants for this study were identified through a national mental health initiative that aims to provide increased opportunities for recovery for people aged 16 years and over whose lives are severely affected by mental illness. People are supported through a recovery-focused, strengths-based approach that recognises recovery as a personal journey driven by the participant (Australian Government Department of Social Services, 2019). Participants were recruited purposively by directly approaching peer workers and by snowball sampling where peer workers were asked if they could recommend others who might be suitable for the study. A purposive sampling procedure was used to select this study's sample, since participants who had progressed through their own personal recovery were sought and this sampling procedure is commonly used in constructivist (interpretivist) research (Lincoln & Guba, 1985). Each participant's recovery journey (mean length of 12 years) was individual, unique, independent, and typically included self-directed efforts and clinical support from mental health professionals.

The research sample consisted of 17 adult mental health services peer workers, recruited from five organisations involved in the national recovery initiative. No age or gender guidelines were specified, but an attempt was made to recruit participants across a wide range of ages (25-63; mean age males 40, mean age females 43) and approximate balance of genders (10 males, 7 females)**.** No ethnicity or race guidelines were specified (participants were all Caucasian). Participants self-reported disorders as schizophrenia (3 males, 2 females), bipolar disorder (3 males, 2 females), depression (3

males, 1 female), and anxiety (1 male, 2 females). Participant inclusion criteria were adult age (over 18) and employment in a mental health services organisation as a peer worker. Sample size was chosen according to principles of data saturation (Trotter, 2012). Emphasis was on the richness (quality) of data elicited from participants' narratives with variation of responses valued over the number of times something was stated (Morse, 1995). Data saturation was facilitated by using a standardised interview protocol (Fusch & Ness, 2015). This structured interview method ensures that multiple participants are presented with exactly the same questions in the same order. This allows for systematic data collection and analysis in which data saturation is determined in a methodical and relatively straightforward manner. By contrast, unstructured interviews (i.e., haphazard and/or random questions) make it very difficult to achieve data saturation as interview material is a constantly moving target (Guest, Bunce, & Johnson, 2006).

3.5.3 Data Collection

Face-to-face, semi-structured interviews were considered the most suitable primary data collection tool to enable flexible, in-depth exploration of participants' recovery stories with respect to narrative identity reconstruction. The Life Story Interview (LSI) (Atkinson, 1998) was considered an optimal method. The LSI is a semi-structured interview that looks at lives as a whole or at significant pieces thereof. It contains over 200 suggested questions covering the entire life course that can be asked selectively. Questions are generally asked in chronological order within a thematic framework. Covering one theme at a time allows for progressive focusing and more in-depth exploration, and results in very rich and detailed information. The LSI as a research method in narrative studies is well established and has broad applicability for

use in research. The LSI provides a practical, holistic methodological approach for the sensitive collection of personal narratives that reveals how a person's life is constructed and reconstructed in representing that life as a story. The LSI has a multifaceted role as a narrative inquiry methodology, essentially seeking to bring forth the voice and spirit within a personal narrative. This approach is built on respect for people as storytellers and regard for the subjective meaning carried within their stories (Atkinson, 2012). In this study, the Life Story Interview (LSI) interview schedule was designed specifically to elicit detailed information about narrative identity. A standardised interview guide was used whereby the same questions were asked of each participant. This approach facilitated faster interviews and could be more easily analysed and compared (Kvale, 1996). The interview schedule consisted of 50 questions divided into sections of participant details, initial experience of mental illness (10 questions), recovery journey (40 questions), and closure.

To address the issue of researcher subjectivity and potential bias (Lincoln & Guba, 1985) the following background is provided. This researcher has 15 years of experience as a clinical/counselling psychologist, two of which were in a community adult mental health recovery setting and eight of which were in a private practice setting. The researcher is inspired by the mental health recovery paradigm, strongly believes that individuals may pursue personal development and growth within recovery, and, based on clinical experience is optimistic that recovery can be facilitated by appropriate healthcare interventions. The researcher was also part of a team, allowing for different viewpoints to be discussed. The researcher (PhD candidate/clinical psychologist) was the lead investigator. Other team members were a primary supervisor (director of university mental health research unit/clinical psychologist), a secondary supervisor (senior psychology lecturer/clinical psychologist), a research assistant

(clinical masters psychology student), and a transcriptionist (senior administrator experienced in qualitative research transcription).

Ethical review and approval for the study was obtained from the Human Research Ethics Committee (HREC) (HE10/409) at the University of Wollongong (see Appendix C). Each participant was given an information sheet about the study and an informed consent form to sign (see Appendix D). Participants were informed that these interviews (containing no personal identifying information) would be read by others and could be made available to the public. An interpersonal process of informed consent was conducted in which each section in the information sheet was discussed and volunteer comprehension was elicited and assessed. Volunteers were also given the opportunity to ask questions about the study. No volunteers to participate were excluded due to incapacity to consent to the study.

Interviews were of 90 minutes' duration and were audio-recorded. This allowed for 15 minutes to address interview preliminaries (i.e., establish rapport, answer questions, secure informed consent, set up audio recording equipment), an hour for the interview proper, and 15 minutes to conclude the proceedings (i.e., adequate closure, answer questions, dismantle recording equipment). The interview guide was administered according to a specified protocol with all participants, a strategy that allowed adequate time for questions and responses and instrument standardisation that would likely result in better quality data (Kvale, 1996). Participants were not addressed by name during the interview recordings in order to maintain confidentiality in subsequent transcription and data analysis.

3.5.4 Data Analysis

A systematic analytic approach in the form of a series of interconnected sequential phases (Miles & Huberman, 1994) was used. Recorded interviews were transcribed verbatim into textual data by an experienced research assistant in the order they were conducted, and the interview materials were stored electronically. All interview transcripts in their entirety were read by the primary researcher while listening to the interview recordings, to check for transcription accuracy and enhance intimate knowledge of the data. Four successive reviews of interview transcripts were conducted to transform the data into a form suitable for analysis (see Appendix E).

A template analysis (King, 2004; Crabtree & Miller, 1999) was used and focused on participants' recovery stories in relation to the Life Story Model of Identity (LSMI). The term 'template analysis' refers to a particular way of thematically analysing qualitative data. Template analysis involves the development of a coding 'template', which summarises themes identified by the researcher(s) as important in a data set and organises them in a meaningful and useful manner. The data involved in template analysis is usually in the form of interview transcripts. Hierarchical coding is emphasised, initially using broad themes and encompassing successively narrower and more specific ones. Analysis starts with specifying some a priori codes, which identify themes strongly expected to be relevant to the analysis. However, these codes may be modified or removed if they are not useful or appropriate to the actual data examined. Analysis proceeds by reading through the data, marking segments that appear relevant to the research question(s). Where segments correspond to a priori themes they are coded as such. New themes may emerge, and these are defined and coded (Brooks, McCluskey, Turley, & King, 2015). Often used in healthcare qualitative research (e.g., Hargreaves, Lucock, & Rodriguez, 2017) and not inextricably bound to any one epistemology, template analysis is a highly practical and focused method of

thematically organising and analysing qualitative data (particularly interview transcripts. It is especially appropriate in studies that incorporate theory into the analysis (King & Horrocks, 2010).

A coding template was developed with pre-selected categories that defined, summarised, and organised the major narrative identity elements and sub-components of the Life Story Model of Identity (LSMI) (narrative identity) theoretical model (see Appendix F). Efforts were made to ensure that the conceptual structure underlying the code definitions were clear, operational, and reliably usable (Miles, Huberman, & Saldaña, 2014). This included the provision of guidelines and exemplars to aid identification in the text. Hierarchical coding was conducted with initial emphasis on coding the major narrative identity categories followed by coding of the sub-components. Provision was made to code emerging themes beyond the pre-specified domains.

Initial analysis identified a number of themes that were related to recovery philosophy. These were filtered through the LSMI coding template. Main LSMI themes emerged in the form of the content, structure, and process of narrative identity (see Table 3). Inter-rater coding was used to identify themes. When using qualitative coding techniques, establishing inter-rater reliability is a recognised method of ensuring the trustworthiness of the study and is considered by many in the research community to be a benchmark for judging qualitative research (Lincoln & Guba, 1985; Miles & Huberman, 1994). A research colleague blind to the purpose and aims of the study coded 40 percent of the data (i.e., seven participant narratives). Transcripts for inter-rater coding were randomly chosen to minimise selection bias. The different transcripts were reviewed over four successive reviews. This allowed for definitions to be clarified

in post-review discussions between the researcher and coding assistant. Cohen's (1960) kappa (κ) was run on all seven of the transcripts selected for inter-rater coding to determine if there was agreement between the two raters' judgement on the presence of self-mastery in participant transcripts. Cohen's kappa (κ), determines agreement allowing for chance. There was substantial inter-rater reliability, κ = .798 (95% CI, .626 to .970), $p < .0005$. A final review, in which a transcript reviewed earlier by the coding assistant was again reviewed by her at a much later time, resulted in substantial intra-rater reliability, κ = .723 (95% CI, .365 to 1.081), $p < .0005$. The kappa coefficients were evaluated using the guideline by Landis & Koch (1977), as follows: 0.01-0.20 slight; 0.21-0.40 fair; 0.41-0.60 moderate; 0.61-0.80 substantial; 0.81-1.00 almost perfect.

3.6 Findings

The key finding is that the theme of Self-mastery was predominant (stands out) and prevalent (widespread) in all of the participants' recovery narratives (see Table 3). This falls within the Agency theme of the Life Story Model of Identity (LSMI), as a component of the Plot theme. A secondary finding is that Self-mastery was particularly predominant in the Scenes theme of redemptive story turning points as described in the LSMI. Self-mastery was predominant in that it was strongly evident in most LSMI thematic categories. It was prevalent in that these themes were repeated throughout participant narratives in the various life domain (e.g., work, relationships) stories that comprised their overall recovery journey story. Self-mastery was predominant at redemptive story turning points in that it was strongly evident in the Scenes theme, where participants described story episodes and sequences in which overcoming difficult problems was experienced by them as pivotal moments that positively shaped

their recovery journey. There was individual variation in participants' narratives both in the degree of Self-mastery and the number of turning points described by them. However, the predominance and prevalence of Self-mastery in participant narratives, especially in redemptive story turning points, were pronounced.

Table 3

An overview of the narrative identity template analysis used in the study

<table>
<tr><th colspan="4">TEMPLATE ANALYSIS</th></tr>
<tr><th>Emergent themes</th><th>Life Story Model of Identity (LSMI) (narrative identity) categories</th><th>Findings</th><th>Main findings</th></tr>
<tr><td rowspan="3">Paradigm shifts
Autonomy
Internal locus of control
Inner strength
Self-direction
Courage
Determination
Persistence
Hope
Optimism
Decisiveness
Agent
Proactive
Problem-solving
Solution-focused
Overcoming</td><td>Setting (Personal ideology)
Personal ideology serves as a story backdrop of fundamental values and beliefs upon which the characters develop and the plot unfolds.
Components
Conversion (change in thought content);
Development (change in thought process).</td><td>Paradigm shifts (thought content and process) highly evident, mostly linked to sudden insight (self-mastery).</td><td rowspan="3">Self-mastery both predominant and prevalent in participants’ stories.

Self-mastery expressed in powerful, action-oriented characters with strong sense-of-control and transformative insights.

Self-mastery especially evident at story turning-points. These are both</td></tr>
<tr><td>Characters (Imagoes)
Imagoes are ‘parts’ of self which play the role of characters in the life story. Imagoes include archetypal (universal) characters.
Components
Agency archetypes (action-oriented);
Communion archetypes (intimacy-oriented);
Contradictory; integrated.</td><td>Archetypes of agency highly evident (e.g., Warrior, Sage). Strong sense of control (self-mastery) evident.</td></tr>
<tr><td>Plot (Thematic lines)
Goal-directed sequences that characters pursue. Themes convey human motivation, what characters want, strive for, and avoid over time.
Components</td><td>Strong evidence of agency. Self-mastery predominant and prevalent in all</td></tr>
</table>

obstacles Pivotal story moments Resilience Recurrent illness Post-traumatic growth Focused Insight Wisdom Significant others Mentors Clinical support Role of medication Victim Frustration Anger Confusion Passive Family conflict	Agency: Self-mastery; autonomy; strength; status. Communion: Love; dialogue; care; unity.	LSMI categories.	predominant and prevalent in stories and appear to be pivotal moments in participants' recovery journeys. Summary: 1. Self-mastery is an important part of narrative identity reconstruction. 2. Self-mastery at story turning-points is especially important.
	Scenes (Nuclear episodes) The most significant single scenes in a person's story. Events, incidents, or happenings which stand out in the story's text. *Components* High/low points; turning points; continuity; narrative tone (attitude). Redemption (negative scene to positive); Contamination (positive scene to negative).	Redemptive story turning points highly evident. Very strong evidence of self-mastery.	
	Narrative complexity Managing aspects of self and life roles with a relatively simple, complicated, or complex story. *Components* Differentiated story elements; self-integration.	Life roles and inner tensions proactively addressed. Self-mastery evident.	
	Leaving a legacy (Generativity script) An individual's plans for the future with regard to leaving a legacy for others. *Components* Creating a product; offering a product.	Not a strong theme. Self-mastery evident in terms of intent.	

As the LSMI categories are inextricably interlinked, the main findings should be considered in relation to the overall configuration of themes identified. The themes of Setting (personal ideology), Characters (inner aspects of self), Scenes (episodes), and Plot (story theme) as storytelling elements were most evident in participant stories. Thematic configuration demonstrated an overall agentic pattern, as follows: (1) Self-mastery (Agency) is the superordinate theme; (2) Self-mastery is embedded in redemptive story turning points as part of agentic Scenes (story episodes); (3) Redemptive story turning points are comprised of the themes of agentic Setting (personal ideology) and Characters (archetypes); and (4) agentic Plot (story theme) serves as the backdrop for the other themes (see Figure 1).

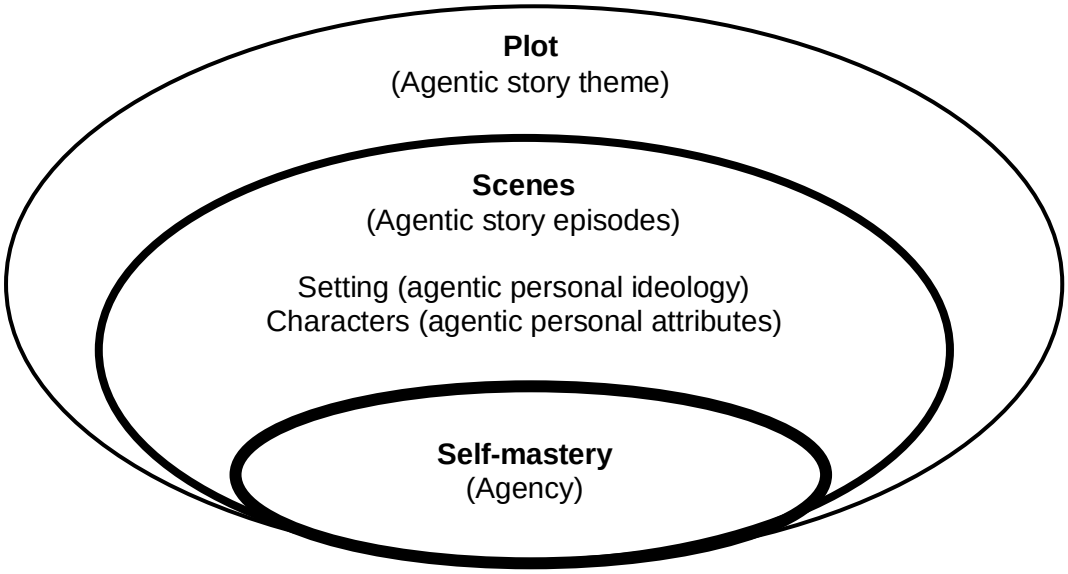

Figure 1. Thematic configuration of LSMI themes: The themes are inextricably interlinked and provide strong evidence of agency as a characteristic feature of participant narratives.

In the following section, participant quotes illustrating the findings are presented. The quotes selected represent good examples of the findings and are not

related to any particular recovery journey stage.

3.6.1 Self-mastery Predominant in Narrative Identity Reconstruction

Agency (the feeling of being in control of life) in narrative identity is related to the degree to which people internalise their actions in their life story, reflect on them, and engage in them with a full sense of choice. This process enables people to imaginatively construct their life story retrospectively (past), in-the-moment (current), and prospectively (future). In self-mastery, the story protagonist strives successfully to be a powerful agent in the world. Insight into self and circumstance are common whereby the individual experiences a sense of control in his or her life and takes appropriate action (McAdams, 1985).

As an example, one participant described how he was hospitalised after being mentally unwell and found the experience "highly negative". His self-mastery was elicited when, realising that he was a voluntary patient he took control of the situation and in the face of opposition took decisive action. Self-mastery proved to be a "pivotal moment" in his life in that he perceived it as the start of his recovery journey.

> I asked them, "in your opinion when do you think I might be able to go home?" and I'd always get the same answer which was "soon, soon" and over a period of weeks I got sick of hearing that. Eventually I realised I was a voluntary patient, and I discharged myself. I remember the doctor trying to convince me to stay but because I wasn't meeting any of the criteria for the Mental Health Act he couldn't make me stay. In hindsight, I look back on that as the first significant step in my recovery process of me sort of starting to reclaim my life. I was willing to cooperate and take medication and things like that, but I wanted more

control over my own life and getting out of there was a good thing and an important step.

Another participant described how she had successfully stood up to her father after experiencing many years of distress due to his "abusive" behaviour towards her. Her self-mastery in the situation is characterised by the suddenness of her insight into the situation, the decisiveness of her action, and the sense of control she experienced as a result of addressing the issue.

> But what I realised was that I didn't want that behaviour to continue, so rather than do what I had done up until that point – jump up and down and saying "stop doing this, how dare you", blah, blah, blah, and I'm just being ignored or being told that I'm difficult – I just changed the way that I engaged with him. So when my father got angry, instead of being frightened and running away I went "hey what are you so angry about bub, bub, bub?" and so I'm not frightened, I'm not submissive, I'm not reacting in anger back, I'm actually making a joke out of it and defusing the situation. The flip in my family dynamic was incredible. It was fascinating. My dad went "oh, oh" and just totally lost his power.

A third participant described how she had experienced a lot of emotional distress over a number of years in the wake of post-operative trauma in hospital. She initially denied the presence of mental health difficulties but gradually reached a point where she knew there was a problem. Her self-mastery is demonstrated by sudden insight after years of denial about her mental state and the sense of control experienced by the decision to do something about it.

> The decision to get better, that was the main bit. Not let it control me. Just be

> able to say "yeah okay I have this, this is how I deal with it", that was the main thing. Once I realised and admitted that I did have a problem, then it started getting better. Asking for the help, admitting that I had the problem and then letting it go and then asking for the help. What I mean by letting it go was realising I have a problem and then just not letting it define me, "I'm going to have this for the rest of my life, it's not going to go away, this is the sad person I'm going to be forever, this is my personality". No, I dealt with it. I said "okay this is what I have and this is what I have to do to get rid of it".

The above examples depict discrete scenes and episodes in participants' lives.

Several participants, however, narrated recovery stories where self-mastery was more of an ongoing process. For example, one participant, who experienced recurring bouts of illness in recovery, monitored her mental health over time and following heightened awareness of herself and her mental state took remedial action when appropriate to maintain her well-being.

> When things get really bad for me and when I get really rock bottom and I'm having suicidal thoughts and "is this worth going on?" I then think "I don't like what I'm going through, something is not right, I'm not happy, what can I do to change it?" And then I will work towards that goal of changing my life again or changing so that I'm happy. So it's this eternal pursuit of happiness, what can I do if things are getting bad, how can I change it?

3.6.2 Redemptive Story Scenes: Pivotal Turning Points from Negative to Positive

In the LSMI, story scenes (nuclear episodes) include redemptive story turning

points. The plot of a person's life story contains key story scenes that are past episodes in the form of high point, low point, and turning points. Key scenes typically feature redemption, in which an affectively positive experience follows an affectively negative one, or contamination whereby a negative experience follows a positive one (McAdams, 1985).

For one participant, who had been "badly verbally abused" as a child and struggled with high levels of anxiety throughout her life, there were several turning points in her recovery journey over the years rather than just one major pivotal moment.

> For me there was never a distinct turning point. It was just one day I realised "hey this therapy stuff you've been trying is starting to work". When I applied for the job and got it, that was a big milestone. It threw up lots and lots of anxieties but it made me feel validated that I had something left to give in the world. When I left the fifth hospital that I was in, was a turning point. I kind of felt that like I could be alone then. When I threw the pills away and said "right this is what I want to try" and "this is how I want to do it" that was a turning point because I was taking back control of how I was living. When I could comfortably say to someone that I had mental illness. I took the chance and told my neighbor and others and they didn't look at me like I'm weird or whatever. So I guess when I felt accepted it was a turning point and I accepted myself.

By contrast, another participant described his recovery journey as very clearly divided by a psychotic episode he experienced, with the turning point being the start of renewed efforts to take control of his life.

> It's almost like it divides my life in half. When I had my first major psychotic

> episode, it was sort of like before and after. Afterwards I was very focused on doing things differently because I didn't want this to happen to me again, because it was that horrible. I was determined to do what I had to do. And also I felt like I'd lost a lot of control over my own life and I wanted to reclaim that, that power of my own life, and that is where medications come in. The medications were often having severe side-effects. I wanted to have a say around medications, so I did what I could to educate myself about these issues, so I knew what my options were and so I could negotiate outcomes with medications that were more suited to me. That was something I did early on. I felt I had to do that at the time and educate myself all about the illness.

One participant identified two pivotal moments in her recovery journey that had made a positive difference in her life, one of which occurred in a discrete scene and the other experienced episodically over a period of time.

> I went out with this man called A. All previous relationships were broken off in a really bad way, like I just 'phut'. I didn't fight them, but I'd tell them "ah this is over" and tell them in a really bad way. For the first time in my life we actually discussed it that things weren't working out and maybe we should just go our own way, to do it in a really rational, beautiful way. And I'm thinking "yeah that was a turning point", learning to communicate without having to kill someone, because in my family that's what you did, you shut a person down and you kill them. And the other turning point was definitely my communication skills, definitely learning to communicate differently. That's been huge. I've got heaps of books about it because I read so much about it because I wanted it to change. And I use that a lot now working with clients, teaching them how to get

their needs met.

As another example of a pivotal story turning point, one participant made the decision to move out of her father's home due to ongoing conflict with him and, in doing so, violated cultural norms and familial obligations.

> We were living with my father and he was controlling my parenting, the way I was parenting my child, my children, and that was causing me to not be able to regulate my emotions properly because I was caught in the middle because of my culture. I couldn't tell my father what to do, but he could tell me what to do. I can't say to him "no you're wrong" even though if I knew I was right, so that made me feel like I was in two different worlds and I just couldn't regulate myself. So I said "no enough, we've got to move out". That was another crucial point. That was a crucial decision that I made.

3.7 Discussion

This article is focused on adaptive growth as part of narrative identity reconstruction in mental health recovery. It outlines how a complexity approach can be applied to the key recovery task of narrative identity reconstruction in recovery from severe and persistent mental illness. It demonstrates the utility of narrative constructivism, complex adaptive systems (CAS), and Life Story Model of Identity (LSMI) theory integration as a way of interpreting the data.

The previous section presented the key findings of this study by organising data into themes corresponding to major components of the Life Story Model of Identity (LSMI) deemed important in participants' narrative identity reconstruction. The purpose of this section is to provide interpretive insights into these findings.

3.7.1 Self-mastery: Personal Agency and the Realisation of Adaptive Capacity

The key finding was that the LSMI Agency theme of Self-Mastery (McAdams, 1985) appeared to be an important part of the participants' reconstruction of narrative identity during recovery of their mental health. While the link between agency and mental health is well-established (Lysaker & Leonhardt, 2012; Rudnick, 2012; Moran & Russo-Netzer, 2016), the finding of self-mastery as a key component of agency further illuminates that link.

The finding is notable in terms of the number of participants (17, 100 percent) who demonstrated self-mastery in their recovery stories, the pervasiveness of self-mastery in their stories, the degree to which self-mastery was evident in story turning points, and the positive impact self-mastery had on their lives. This is not to suggest that participants always demonstrated self-mastery on their recovery journey. Participants often described times in recovery when they were passive rather than agentic and when circumstances or illness dominated their lives. Nor is it to suggest that all participants equally demonstrated self-mastery. The extent and degree of self-mastery identified in participants' stories were highly variable, with some stories relatively more agentic than others. Nevertheless, the prevalence of self-mastery in participant stories both individually and as a group was pronounced.

The finding is consistent with empirical studies that link agency and self-mastery with better outcomes in mental health recovery. Agency as a major life-story theme in narrative identity (Adler et al., 2015), higher levels of narrative agency, agentic narratives, and agentic narrative identity (Adler et al., 2016) are all linked with better mental health. The finding is exemplified in the landmark longitudinal narrative

qualitative study by Davidson and Strauss (1992) who, in a series of intensive interviews conducted over a two-to-three-year period with 66 people with schizophrenia, concluded that "the process of rediscovering and reconstructing an enduring sense of the self as an active and responsible agent provides an important, and perhaps crucial, source of improvement" (p.131). This was seen as a process that involves developing an awareness of a more agentic sense of self, taking stock of one's strengths and limitations, putting aspects of the self into action, and using this enhanced sense of self as a resource in recovery. In another example, Adler (2012) conducted a mixed methods longitudinal study of 47 adults undergoing therapy in which participants wrote personal narratives about their recovery in treatment and completed mental health assessments over the course of 12 therapy sessions. It was found that the themes of agency in participants' stories increased over time, that mental health increased, and that agency and mental health were related. Increased agency appeared in participants' stories before their mental health improved, and this was likened to participants putting out a new version of them and living their way into it. In a further example, the link between agency and self-mastery in mental health is illustrated in a quantitative study that involved 204 people with schizophrenia (Chiu, Davidson, Lo, Yiu, & Ho, 2013). Using structural equation modelling, they found that agency was linked to improvements in the recovery indicators of hope, empowerment, resilience, self-responsibility, and self-mastery. Adding to these prior findings, the current study identifies agency in relation to narrative identity as a core component of recovery.

The results of the current study highlight that self-mastery as a core component of agency is important in the development of narrative identity associated with recovery. The finding is aligned with theories of recovery that acknowledge agency as central to recovery (Australian Health Ministers' Advisory Council, 2013). It is

particularly consistent with Hope Theory (Snyder, 2002) and wide acceptance of hope as a cornerstone of recovery (Acharya & Agius, 2017). While self-mastery is relevant to all three components in Hope Theory (goals, pathways thinking, agency thinking) it is particularly related to the agency thinking component. Agency thinking involves thoughts about one's ability to initiate and sustain movement along pathways toward desired goals even when faced with barriers. This refers to the determination and commitment that helps a person move in the direction of a goal and is considered the driving force of hope (Snyder & Lopez, 2007). As self-mastery is inextricably linked with agency (Little et al., 2006), it is a part of this driving motivational force and thus contributes to the development and maintenance of hope in recovery.

From a complex adaptive system (CAS) perspective, the key finding suggests that participants' self-mastery in their recovery journey can be viewed as the realisation of their adaptive capacity in relation to narrative identity reconstruction. Adaptive capacity is the innate ability of people to respond adequately to internal and/or external demands (Mahoney & Granvold, 2005). This entailed natural, adaptive growth in response to the demands they faced on their recovery journey. Participants' self-mastery can be viewed as intentional personal agency comprised of the core-ordering, self-organising nonlinear dynamic processes that underpin emergent, adaptive change in the individual (including identity change) (Pincus & Metten, 2010; Benight, Harwell, & Shoji, 2018). People are by nature agentic and have the adaptive capacity as a growth process to take control of their experiences by intentionally planning and pursuing chosen outcomes (Cochran & Laub, 1994). Self-mastery as intentional agency enables people to play a part in their own adaptive growth (Bandura, 2006; Little et al., 2006). To be an agent is to intentionally make things happen by one's own actions (Metcalfe & Greene, 2007). The adaptive capacity of the individual to exercise control over the

nature and quality of his/her life is the essence of humanness (Bandura, 2006). Importantly, people's adaptive capacity exists only as latent, undeveloped potential until they are challenged by internal and/or external demands. Adaptive capacity can be enhanced by activities that promote self-development and growth (Kelso, 1995).

The self-mastery components of insight and sense-of-control entails narrative processing, where the person filters life experiences through a narrative lens (to perceive, select, and plot aspects of their lives) (Graci et al., 2018) and makes sense of those experiences by autobiographical reasoning (Habermas & Köber, 2015). Narrative processing is a core nonlinear dynamical process as part of intentional agency. It presumes the ability to think and act reflexively in response to internal and external demands, which is an enhanced metacognitive capability to reflect upon oneself and the adequacy of one's thoughts and actions (Little et al., 2006). The metacognitive capability of self-reflection is the most distinct core property of human agency (Bandura, 2006). It entails people's ability to reflexively monitor their own agency, making metacognitive assessments about when and whether they are in control of themselves and their lives (Metcalfe & Greene, 2007). It is related to the degree to which people internalise their actions, reflect on them, and engage in them with a full sense of choice (Adler, 2012). Self-mastery, the view of oneself as having agency in life, allows a person to intentionally author retrospective (past), in-the-moment (current), and prospective (future) life stories as narrative identity (McAdams, 2018). This is important because the stories people tell about their lives are a powerful predictor of psychological well-being (Adler et al., 2016). Importantly, people can learn to intentionally change and evolve their stories and choose to construct a self-determined narrative identity aligned with a desired quality of life (Boyatzis, 2006).

3.7.2 Redemptive Story Scenes: Pivotal Turning Points and Bifurcations

The secondary finding that the Life Story Model of Identity (LSMI) Agency theme of Self-mastery was predominant particularly in the Nuclear Episodes (story scenes) theme of redemptive story turning points in participants' recovery stories locates self-mastery as story content and process within the structure of their narrative identity. This suggests that self-mastery may have been particularly important at redemptive story turning points in participants' reconstruction of their narrative identity.

The finding is notable in terms of the number of participants (17, 100 percent) who demonstrated agentic redemptive story scenes in their recovery stories, the impact the story scene had on the evolving recovery story, and the positive impact that story turning points had on their lives. There was wide individual variation in participants' stories with regard to the number of redemptive turning points and pervasiveness within their recovery journey storyline. Also, participants did not always evidence redemptive story turning points. There were many occasions when they demonstrated contamination scenes. Notwithstanding individual variation, a striking characteristic in participants' redemptive story turning points was the high degree of agency demonstrated.

The finding is consistent with empirical studies that identify redemptive stories as important in mental health recovery. Stories that have redemptive meaning from suffering and adversity are linked to better mental health (Polkinghorne, 1991; Pals, 2006a). Agentic, redemptive narratives depict the sequence of events in such a way as to suggest that the narrator is in control despite disruption by traumatic life events (Polkinghorne, 1996). For example, Adler et al (2015) conducted a four-year mixed

methods longitudinal study designed to investigate the relationship between variability in narrative identity and trajectories of mental health over several years, in which core scenes from 89 late-mid-life adults' life stories were assessed for several narrative themes. It was found that the themes of agency and redemption were significantly associated with mental health. Further, exploratory analyses indicated that narratives of challenging experiences may be central to this pattern of results. In another example, Cochran and Laub (1994) conducted an in-depth small-n qualitative longitudinal study with people who had undergone psychological trauma resulting from injury. Participants' initially assumed a victim identity but during treatment regained an agentic identity. Participants developed an understanding of themselves as active agents in charge of their lives, able to choose goals and actively direct their activities to achieve them. Identity reconstruction was found to be a correlated movement of the progressive construction of a new agentic life story and detachment from the victim story.

The finding is aligned with theories relevant to recovery that incorporate redemptive story turning points. Such story scenes are a defining characteristic of post-traumatic growth theory, which refers to positive change experienced by individuals as a result of the struggle with a major life crisis or a traumatic event. Through a process of healing, people who experience grief or trauma can become stronger than before (Tedeschi, Addington, & Calhoun, 2016). Post-traumatic growth is characterised by personal agency and is linked to better mental health (e.g., Polkinghorne, 1996; Pals, 2006b; Pals & McAdams, 2004). Post-traumatic growth narratives are agentic plots that depict a purposeful, skillful protagonist actively engaged in the process of adapting to and overcoming challenges. Conflict, struggle, and overcoming adversity are the essence of post-traumatic growth stories. Post-traumatic growth entails adaptation in the face of difficulties, is potentially transformative, and can be viewed as adaptive growth.

The intentional, agentic plot is in contrast to victim-oriented plots which are characterised by passivity and resignation to circumstances (Polkinghorne, 2006; Tedeschi, et al.,2016).

Post-traumatic growth narratives can be linked to the literary metaphor of the hero's journey (Campbell, 1968), which is often used in recovery services (e.g., Lamprell & Braithwaite, 2016; Foundations Recovery Network, 2019). The hero's journey is an archetypal quest story referring to both males and females in which the protagonist undertakes a journey to address a pressing life issue, overcomes many difficulties along the way, and is transformed by the experience. In addressing the journey challenges, the person potentially undergoes adaptive growth including a transformed identity from victim to hero in one's life journey (Booker, 2006; Williams, 2019). The hero's journey is considered a compelling metaphor for recovery as it encapsulates the setbacks, challenges, and tests of fortitude experienced by people on their recovery journey (Watkins, 2007). It places people in recovery as the leading protagonist in their recovery journey, enabling them to establish new identities and become active agents in their lives (O'Hagan, 2012). The hero's journey can be used as a narrative therapeutic or coaching tool that can be easily learnt (Hartley, 2010). Overall, participants' narrative identity reconstruction understood as post-traumatic growth should be seen as a shift in their personal narrative rather than the adoption of a master narrative. Nevertheless, as predominantly agentic protagonists in their recovery narrative overcoming difficulties over time, their narrative identity reconstruction can be mapped against the hero's journey template.

From a complex adaptive system (CAS) perspective, redemptive story turning points within an agentic plot are underpinned by nonlinear dynamical processes of

change that result in setbacks, uncertainty, and unpredictability in a person's experience. In this view, redemptive story turning points as part of the conflict, struggle, difficulties, distress, successes, and transformative moments experienced by participants can be viewed as normal and natural processes of adaptive growth (Polkinghorne, 1996). The journey of adaptive growth from victim to agency in participants' recovery stories can be seen as an individual's transformative movement from an undesired state-of-being to a desired state. These states are referred to as *attractors* (Salvatore et al., 2015) which can be viewed as habitual patterns of functioning. Metaphorically these can be called 'life magnets', so called because these patterns inexorably draw the individual repeatedly in a certain direction in their life-story. A redemptive story turning point can be described as a *bifurcation* (Bussolari & Goodall, 2009) point, where the individual must choose a way forward from available life-course pathways. Metaphorically this is a 'choice-point', a 'fork-in-the-road' on the person's life-story journey where a decision must be made about which direction to follow (see Figure 2). Participants' self-mastery at bifurcation points would likely have promoted their adaptive growth aligned with recovery a desired attractor. Turning points are transformative moments in that once a system qualitatively changes it cannot go back. Even if the individual decides to return to the previous system state, the new state-of-being is now part of its history and has irrevocably changed the individual at some level (Gelo & Salvatore, 2016).

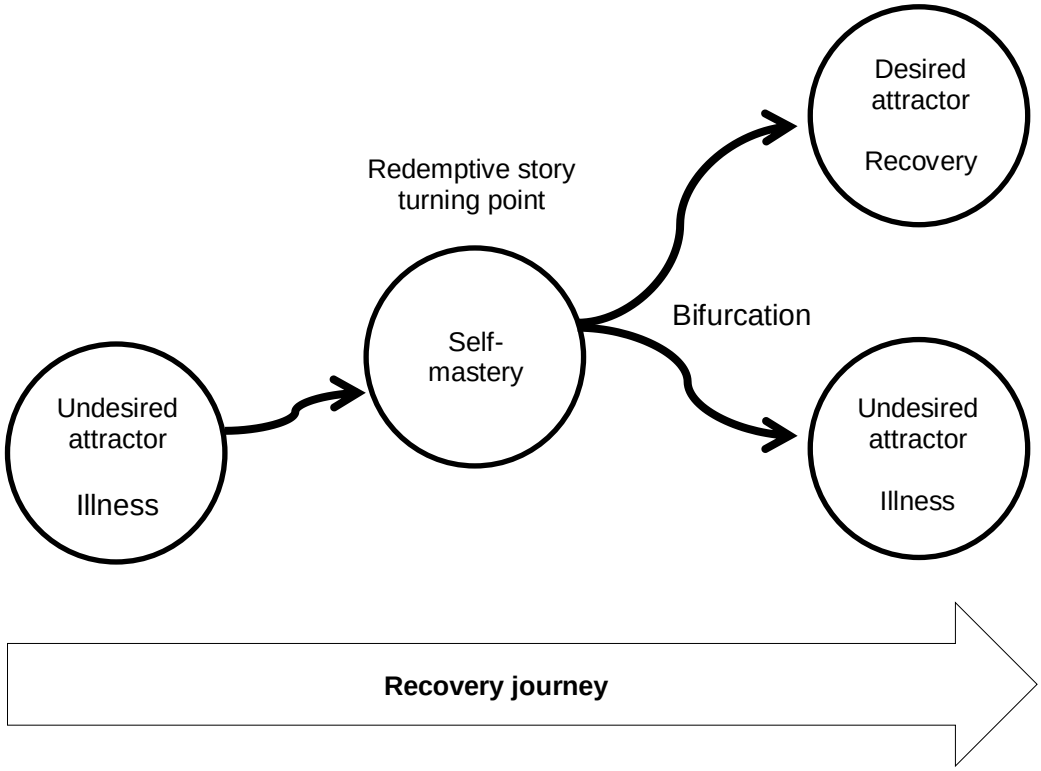

Figure 2. Narrative identity reconstruction as adaptive growth in the recovery journey: Participants' self-mastery at redemptive story turning points can be understood as bifurcation points that promoted adaptive growth towards recovery as a desired attractor. Bifurcation is an important nonlinear dynamical process in personal change as it critically influences the developmental path of the individual as a complex adaptive system.

3.8 Alternative Explanations

It is acknowledged that other interpretations of the data could be made in this study. Viewing interview transcripts entails considering a multiplicity of perspectives. Storytelling elements are interrelated and cannot be understood in isolation, and their interpretation depends on the lens of the investigator (Dibley, 2011). Other LSMI themes not reported could, through an alternative interpretive lens, have been deemed more important in participants' narrative identity reconstruction. It is important to note that there was individual variation in participant narratives, the illustrative quotes are not mutually exclusive of other categories and themes, and there were counter-examples to the findings.

3.9 Limitations of the Study

This study contains limitations that are common critiques of qualitative research methodology in general and partially inherent in the research design. Careful thought was given to ways of accounting for these limitations and to ways of minimising their impact. Methods and procedures typically used in qualitative research and widely considered best practice by the research community were followed (Miles & Huberman, 1994; Lincoln & Guba, 1985).

A key limitation of this study was the issue of researcher subjectivity and potential bias. To address this issue, the researcher took various steps: potential bias was made explicit; data collection and analysis materials and methods were subject to ongoing scrutiny by advisors and peers; a reflective journal was kept in which potential bias was regularly considered; member checking of interview transcripts (to ensure that the content and meaning of participants' recovery stories were accurately represented)

and study results (to ensure that the findings made sense to participants and were feasible). Another limitation was participant reactivity whereby peer workers, who often tell their recovery story as part of their work, may have shaped responses to questions according to the perceived demands of the interview. To address this, an interviewing strategy of using probes and overlapping questions was embedded in the interview design. A further limitation was transferability. This was addressed by way of providing rich description of the data as well as detailed information regarding the context and background of the study so that others could assess the study for its potential to be applied appropriately in other contexts.

3.10 Summary and Conclusions

Self-mastery as part of intentional personal agency appeared to be an important part of participants' narrative identity reconstruction in mental health recovery. Self-mastery was particularly evident in redemptive turning points in participants' stories where they turned negative experiences into positive ones. The findings offer a nuanced understanding of agency in relation to narrative identity reconstruction in recovery. They suggest that participants' self-mastery as described in their recovery stories was part of an agentic self embedded in an agentic plot with redemptive story turning points. The dynamics involved in participants' narrative identity reconstruction can be viewed as crucial determinants of their effective recovery.

From a complex adaptive system (CAS) perspective, participants' self-mastery as a dynamic, reflexive process of personal agency can be viewed as the actualisation of adaptive capacity as part of adaptive growth on their recovery journey. Participants' self-mastery at story turning points can be viewed as *bifurcations* on their recovery journey, decision-points that critically shaped the trajectory of their journey and the

reconstruction of narrative identity. Participants' journey from a state of illness at the outset of their recovery story to that of peer worker can be viewed as an evolutionary pattern of change from one *attractor* state-of-being to another.

Participants' self-mastery in their recovery journey stories and the underlying complex change processes as important elements of identity formation can be viewed as constitutive of their narrative identity reconstruction. These processes are inextricably linked with their evolving perceived identity in recovery and, ultimately, shaped their identity as peer support workers. More broadly, in relation to the recovery key task of addressing the loss of identity associated with mental illness, these self-mastery processes could have profound implications for people in recovery. A person with a perceived agentic identity (e.g., "I am a person in recovery."; "I am a person who is capable of change."; "I am a person with hope."; "I am a person who can successfully meet challenges.") is more likely to pursue their desired quality of life and, in so doing, experience adaptive growth, fulfilment of potential, and well-being.

This article adds to the literature as it allows mental health professionals and people in recovery to better understand narrative identity reconstruction from a perspective that considers self and recovery as characterised by the often erratic, uncertain, and unpredictable progress experienced by individuals on their recovery journey. The significance of the article is that it examines important aspects of participants' narrative identity reconstruction in recovery from a perspective that considers nonlinear dynamic processes of adaptive growth. It is original in that, while mental health recovery has been studied from an adaptive growth perspective (e.g., Moran & Russo-Netzer, 2016; Mancini, 2019) narrative identity reconstruction in recovery as a nonlinear phenomenon does not appear to have been empirically studied

before within such an explicit theoretical framework.

Mental health professionals could use the findings to assist clients to improve self-mastery and make choices in their recovery journey that may be helpful in constructing self-determined narrative identity aligned with adaptive growth. For example, in a study conducted with 23 peer workers using in-depth interviews, Mancini (2019) highlighted the importance of mental health peer support workers and the critical importance of their helping strategies. Peers described using a strategic and reflexive storytelling process, centred on narrative elements including identity, to strategically use their personal illness and recovery stories to help others re-story their life narratives. Moran and Russo-Netzer (2016) examined underlying human processes of functioning embedded in mental health recovery, by exploring personal accounts of positive change and growth among 31 American mental health peer providers with serious mental illnesses and 27 Israeli individuals who did not have diagnosed mental illness. It was found that peer workers' professional mentoring role facilitated positive processes of meaning-making and enhancement of agency for both themselves and others. These processes unfolded in a nonlinear and multidimensional fashion and served as positive reinforcement for meaning-making processes and agency enhancement.

These findings suggest the need for research that further explores the rhetorical strategies used by peers using narrative methods. The current study builds on these prior findings by offering a nuanced understanding of peer workers' recovery stories, both in terms of crucial components and underlying nonlinear dynamical processes of participants' narrative identity reconstruction. These components could be used by peer workers as storytelling devices to facilitate recovery in their clients. However, interventions aimed at facilitating people's narrative identity reconstruction would need

to be appropriate to their stage of recovery. Interventions are unlikely to be helpful for people very early in recovery (moratorium) or in a mental health crisis. They would likely be most appropriate for people progressing in their recovery through the stages of awareness, preparation, and rebuilding (Andresen et al., 2003).

Narrative identity reconstruction as a process of adaptive growth can be understood and facilitated by treatment approaches that are strengths-based and target factors involved in nonlinear dynamic functioning (Mobus & Kalton, 2015). Target factors include narrative processing (Pals, 2006a, 2006b), emotional processing (Pascual-Leone, 2009), attractor states (Stanton & Walsh, 2012), and belief revision (Kroneymyer & Bystritsky, 2014). Narrative coaching is one such approach. It is a person-centred, experiential, and transformational intervention approach that is often focused on identity (Drake, 2017). A coaching tool in the form of a recovery-oriented health boardgame may have particular salience for narrative identity reconstruction. Boardgames are often narrative in design, focus on identity, allow players to experiment with new ways to respond to challenges and explore possible identities and can operationalise complex concepts in a simple manner (Lelardeux et al., 2013; Fullerton, 2018). A boardgame operationalising the study findings, aimed at improving people's self-mastery as part of their narrative identity reconstruction in recovery, could be developed. The hero's journey metaphor (Campbell, 1968) of personal transformation through adversity, which encapsulates the recovery journey, could be used as a storytelling format for the boardgame.

This chapter (Study 1) qualitatively examined the recovery journey stories of several mental health peer workers with a view to understanding the key processes of their narrative identity reconstruction and the nonlinear processes of change that

underpinned them. Study 2 operationalises the findings of Study 1 in a narrative identity coaching boardgame designed to facilitate participants' narrative identity reconstruction in recovery.

Chapter 4

Pilot Study of a Serious Boardgame Intervention to Facilitate Narrative Identity Reconstruction in Mental Health Recovery

This chapter has been submitted in the form of a paper for a peer reviewed journal. Minor modifications were made to this chapter to conform to the thesis structure.

Kerr, D. J. R., Deane, F. P., & Crowe, T. P. (2019). Pilot Study of a Serious Boardgame Intervention to Facilitate Narrative Identity Reconstruction in Mental Health Recovery. *Manuscript submitted for publication.*

4.1 Introduction and Background

The process of mental health recovery is a complex phenomenon. Recovery refers to the idea that people with severe and persistent mental illness can pursue psychological wellbeing beyond the limitations of chronic illness (Anthony, 1993; Rogers et al., 2005; Slade & Longden, 2015). Recovery processes are, by nature, individual and nonlinear with unique developmental pathways and complex characteristics as part of basic human adaptive growth (Anthony, 1993; Deegan, 2001; Slade, 2010). Nonlinear change in recovery is poorly understood and is a difficult concept to apply in recovery-oriented healthcare. A need exists for novel approaches that focus on investigating those processes (Kerr et al., 2013; Katerndahl, 2016; Sturmberg, 2016; Graci et al., 2018). Linking the key recovery process of narrative identity reconstruction to the complex processes of adaptation and adaptive growth may be a fruitful approach (Rudnick, 2012; Kerr et al., 2019). Adaptive growth is a process that reframes the experience of illness as an opportunity to experience personal transformation through overcoming difficulties and finding renewed purpose and meaning in life (Frank, 1995; Slade, Blackie, & Longden, 2019).

Recovery is an intentional, self-directed endeavor that builds on hope, personal strengths, and valued goals and is characterised by a growing sense of agency where the individual discovers a new world of possibilities (Deegan, 1996; Drake &Whitley, 2014). It is comprised of various components and processes such as building hope, taking responsibility, gaining a sense of control in life, and building a positive identity (Andresen et al., 2006). Creating individual recovery stories aligned with a positive identity is central to mental health recovery (Nurser et

al., 2018; Llewellyn-Beardsley et al., 2019).

Reconstructing narrative identity, to address the loss of sense-of-self and identity that often occurs in mental illness, is a key task for people in recovery (Wisdom et al., 2008; Hartog et al., 2017). Narrative identity refers to the internal, evolving life story that individuals construct by integrating stories related to their past, present, and future to provide their lives with coherence, meaning, and purpose (Bauer et al., 2008; McAdams, 1985, 2018). The challenge is to narrate a personal story characterised by an empowered, agentic protagonist where illness is redefined as only one aspect of a complex, evolving self that can intentionally choose to pursue wellbeing in recovery. It is a process of personal transformation and adaptive growth (Lysaker et al., 2001; Davidson et al., 2005). It is linked to transformational narrative processing, a metacognitive, reflexive process where the person openly explores difficult life experiences, finds positive resolution, and grows from the experience (Pals & McAdams, 2004).

Different notions of identity entail different approaches to understanding and facilitating narrative identity reconstruction. Conceptions of identity encompass both unitary (core self) and plural (multiple selves) perspectives, which have contrasting views on process and change in identity formation. The unitary self is based on the assumption of stability of identity, in which change (if at all) is gradual and incremental. The plural self is fluid, malleable, sensitive to context, and dynamically constructed (as a mental construct) in the moment whereby identity change is more likely to occur suddenly (Oyserman, Elmore, & Smith, 2012). The experience of mental illness is most helpfully understood from a constructivist perspective (Slade, 2009, 2012). In this view, narrative identity reconstruction entails an emerging

process that combines both constancy and change in which the individual exists in a state of continuous construction and reconstruction (Cox & Lyddon, 1997).

Higher levels of personal agency (perceived ability to affect change in one's life) in narrative identity are strongly associated with improved recovery (Brown, 2008; Friedli, 2009; Adler et al., 2016; Nurser et al., 2018). Self-mastery is a central, critical aspect of agency. Self-mastery refers to people's sense of control over their lives with enhanced insight into their personal identity and the purpose and meaning of their lives (McAdams, 1985; Adler, 2012; McAdams & McLean, 2013). Self-mastery is a universal adaptive capacity (Little et al., 1996; Benight & Bandura, 2004). As intentional agency, it enables people to play a part in their own adaptive growth (Bandura, 2001, 2006; Little et al., 2006).

Agency and self-mastery are represented as major themes in the life story model of identity (LSMI), a widely used theory of narrative identity (McAdams, 1985, 2018). The LSMI focuses on the storytelling elements of the individual's life story and provides a template for understanding narrative identity reconstruction. Agentic narrative identity and adaptive growth are epitomised in the hero's journey monomyth (Campbell, 1968; Booker, 2006; Williams, 2019), which is widely used as a metaphor for recovery (Lamprell & Braithwaite, 2016; Foundations Recovery Network, 2018).

The nonlinear adaptive growth processes inherent in recovery render narrative identity reconstruction highly amenable to being considered from a complex adaptive system (CAS) perspective (Guastello, 2012; Pincus et al., 2018). The term CAS refers to the multifaceted nonlinear dynamical nature of the individual, the evolving developmental manner of personal change over time, and

the interconnectedness of the various parts that comprise the individual (Guastello & Liebovitch, 2009). The principal signature of a CAS is multiplicity of possible outcomes whereby the individual has adaptive capacity to choose, explore, and adapt in response to demand (Nicolas & Rouvas-Nicolas, 2007). Humans have inherently high levels of adaptive capacity and this allows them to proactively shape their life-course. This affords them a sense of personal agency and identity (Little et al., 1996). People can enhance their adaptive capacity by engaging in personal growth exercises such as developing creative flexibility in decision-making and problem-solving (Mahoney & Granvold, 2005; Mobus & Kalton, 2015).

Intentional change theory (ICT) (Boyatzis, 2006; Boyatzis & Akrivou, 2006; Boyatzis & McKee, 2006**)** is a coaching framework for sustainable (i.e., enduring) personal change aligned with narrative identity reconstruction. ICT uses the lexicon of complex adaptive systems to describe personal change and operationalise complexity principles in intervention. The goal in ICT is for the individual to actualise a desired ideal self (positive emotional attractor) conceptualisation in the context of a valued goal. This involves a shift away from an undesired current self (negative emotional attractor).

Narrative coaching is ideally suited for narrative identity reconstruction in recovery (Bora, 2010; Cavanagh & Buckley, 2014). It is a transformational approach that assists people to revise their personal narratives to see and experience themselves in novel ways (Drake, 2010, 2017, 2018). Recovery-focused narrative coaching aims to empower individuals to generate their own solutions to problems and demonstrate self-management (Slade, 2009). People can use the learnings they gain in coaching to manage how they respond to stressors in life (Bora, 2010).

Psychological coaching grew out of the humanistic theories and practices of Rogerian counselling and has philosophical roots in constructivism and existentialism (Skiffington & Zeus, 2003). Coaching draws from a wide range of psychological disciplines (e.g., clinical, counselling) and is characterised by many different coaching psychology theoretical perspectives (e.g., cognitive-behavioural, solution-focused) and approaches (e.g., existential, transpersonal) (Palmer & Whybrow, 2007). Narrative coaching is an offshoot of narrative studies and emerged from the fields of literary theory, humanities, and psychology (Drake & Stelter, 2014). The narrative coaching approach is instinctual, given the ancient and cognitive disposition for stories, and is timely, given the emergent need for a deeper, more complex understanding of change (Drake, 2010).

Personal transformation can be facilitated by the use of reflexive questioning which promotes people's ability to think in the moment about their responses, reframe difficulties in a novel manner, and find solutions to their problems (Oliver, 2005; Hawkins & Smith, 2014). Coaching models and tools are often used to facilitate personal transformation (Biswas-Diener, 2010), including experiential and imaginal activities to help the person break away from old stories and author new ones (Drake, 2010). The use of a serious boardgame holds potential for transformational identity change. The term 'serious game' refers to games that, while entertaining, model real-life situations and/or have a useful outcome (Fitzgerald & Kirk, 2013). Serious games are structured, formal interactions designed to elicit a specific learning experience. They are closed, dynamic systems comprised of interrelated elements that work together to produce a complex whole. Serious games have the main components of rules, gameplay, challenges, interaction, and goals. Gameplay is the pattern defined through the game rules which connects the player

and the game. Goals may be explicit (stated as game objectives) or implicit (gaining skill, ability, knowledge, experience). Challenges are in the form of structured conflict that require meaningful decision-making and problem-solving (Wattanasoontorn et al., 2012; Fullerton, 2018.). Serious games often take players on a metaphorical journey through narrative, a storytelling experience with dramatic moments (crucibles), typically at challenges, in which players demonstrate how they think, feel, and act. Crucible experiences are defining moments in which players can explore who they are under challenging conditions and are catalysts for personal growth (Salen & Zimmerman, 2004). Boardgames promote agency whereby players experience choice of response and a sense of control over the game's outcome (Fullerton, 2018). When the boardgame focuses on identity it allows them to develop new concepts of self and learn new, adaptive skills that they can use in real life (Mitgutsch, 2011; Wasserman & Banks, 2017).

The main focus of this paper is narrative identity reconstruction during recovery from severe and persistent mental illness. It outlines a narrative coaching approach, using a serious boardgame as a coaching tool, designed to improve participants' sense of self-mastery as a means of facilitating narrative identity reconstruction in recovery. The current study aimed to: (1) determine the effects of a narrative coaching boardgame intervention aimed at facilitating self-mastery improvement as part of narrative identity reconstruction in recovery, and (2) clarify how the effects of the narrative coaching boardgame intervention can be understood from a complex adaptive system (CAS) perspective.

4.2 Method

4.2.1 Conceptual Framework (Boardgame)

This study uses a conceptual framework in which theories and models related to recovery as a complex process of adaptive growth are integrated in a narrative coaching approach. The theoretical framework is an integration of narrative constructivism (Bruner, 1991; McLeod, 2004), life story model of identity (LSMI) (narrative identity) theory (McAdams, 1985, 2018), and complex adaptive systems (CAS) theory (Butz, 1997; Pincus et al., 2018). The theories have the common theme of nonlinear phenomena. Theoretical integration posits that (i) the individual is an evolving self who constructs an evolving narrative identity, underpinned by nonlinear dynamic processes of change (ii) LSMI theory provides a way of organising the person's evolving narrative identity, and (iii) CAS theory provides a means of understanding the nonlinear processes of narrative identity construction. Further detail regarding the theoretical framework underlying the development of the boardgame can be found in Kerr et al (2019).

The boardgame (*'Heroes and heroines: The recovery journey boardgame')* is designed to be used as a tool as part of narrative coaching. The purpose of the boardgame is to facilitate improvement of people's sense of self-mastery as part of their narrative identity reconstruction in recovery. It is an immersive role-play experience designed to be a crucible for people's adaptive growth in recovery. The focus is on learning as part of character growth and transformation in the game, rather than winning or losing. The boardgame is based on established principles of game design that includes detailed conceptualisation and iterative play-testing (i.e., test, analyse, refine, repeat) followed by a pilot programme to ensure the game achieves its intended aim (Salen & Zimmerman, 2004; Adams, 2014; Schell, 2015; Fullerton, 2018). A boardgame coaching protocol and manual were developed (see Appendices J and K).

The boardgame simulates the hero's journey (Campbell, 1968). It is a model-representation of the hero archetype (agentic self) within a hero's journey storyline (agentic plot) in which the player as protagonist engages in his or her own hero's recovery journey in pursuit of a valued real-life goal (personal life vision). It integrates game elements that represent the key components of mental health recovery, narrative identity reconstruction, and complex adaptive systems. This encompasses simple rules, board, avatar, game-playing guide, and playing cards that are carefully selected, operationalised, and integrated. Intentional Change Theory (ICT) (Boyatzis, 2006) is used as the narrative coaching framework, the Life Story Model of Identity (LSMI) (McAdams, 1985) is used to represent narrative identity challenges within the hero's recovery journey storyline, and a reflexive coaching style (Oliver, 2005) embedded with applied mindfulness skills (Langer, 2000; Boyatzis & Akivrou, 2006) is used as the game-playing mechanism (method used by player and coach to interact with the game world).

For players, the aim of the boardgame is to shift from an undesired current self narrative identity (ICT *negative emotional attractor*) (i.e., habitual pattern of functioning) to a preferred ideal self narrative identity (ICT *positive emotional attractor*) in relation to the chosen goal. Players traverse a sequential agentic storyline consisting of hero's journey steps (e.g., Threshold; Road of Trials) by completing narrative identity challenges (e.g., choosing helpful beliefs and attitudes that support goal attainment) that represent important components of narrative identity. Once players complete a narrative identity challenge, they move on to the next storyline step until all the steps in the game are completed. In completing the journey, players construct a self-determined narrative identity and potentially experience personal transformation. Players also learn about the complex processes

of adaptive change and how they might be harnessed in recovery. Simple metaphors are used to explain the complex nonlinear processes involved in personal change. For example, attractors are explained as habitual behavioural routines and are referred to metaphorically as 'life-magnets' where the person is 'pulled' repeatedly in a given direction, and the aim is to create a new desired ideal self attractor 'life-magnet' to replace the current self attractor.

The game-playing mechanism, used iteratively at the narrative identity challenges, is a critical component of the game. Players engage in a coaching question sequence at each step in the game where they consider (1) how they as their ideal self might address the challenge, (2) how that differs from their current self response, (3) what known personal strengths/qualities they could draw upon to meet the challenge, (4) what agentic archetypal inner attributes they can draw upon, and (5) what action they could take to meet the challenge. Players use applied mindfulness skills in the question sequence in which they engage in an adaptive process of experimentation, engaging in novel ways of thinking (i.e., agentic ideal self perspective) to search for the best solutions to address the challenge. Players refer to a set of agentic archetype cards (i.e, Warrior, Sage, Adventurer) to consider which archetypal strengths/qualities they could draw upon to meet the challenge. For example, the player might choose the Warrior to meet a given challenge and must consider which of the related attributes of skill, courage, discipline, and determination might be used. The iterative, reflexive coaching process promotes in-depth consideration of agentic attributes and how they might be used. In considering agentic attributes and experimenting with related agentic responses to the challenges, players engage in transformational narrative processing where they can shift from a victim identity to an agentic identity. Moving from step to step in the game, as

narrative identity challenges are completed, players learn an agentic cognitive schema (hero's journey) and script (personal change process) which is potentially internalised in their narrative identity reconstruction. This is the mindset and cognitive skills of the everyday hero who, above all, has the adaptive capacity to overcome difficulties and attain success on his or her journey. In line with game-based learning, it is envisaged that the transformative nature of the coaching intervention will translate into real-life skills for use beyond the boardgame.

4.2.2 Study Design

The study is a separate sample pretest-posttest quasi-experimental design. This is a between-subjects design in which two non-matched groups each receive a given intervention. This is a commonly used study design. A single pretest measurement is taken (O1), an intervention (X) is implemented, and a posttest measurement is taken (O2). In this instance, period O1 frequently serves as the 'control' period (Cook & Campbell, 1979; Harris et al., 2006).

4.2.3 Participants

The study was comprised of a clinical group comprising 31 individuals (18 males, 13 females) with mental disorders and a non-clinical group comprising 31 individuals (17 males, 14 females) without mental disorders. For the clinical group, participant inclusion criteria were adult age (over 18), formal diagnosis of mental disorder, actively participating in recovery (according to peer support workers), and mental health is currently sufficiently stable (as determined by mental health professionals) to participate in the boardgame intervention. The experience of persistent mental disorder was the unifying characteristic of clinical group

participants. Participants' ages ranged from 25 to 62 (M = 44, SD = 10.2). For the non-clinical group, inclusion criteria were adult age (over 18), no formal diagnosis of mental disorder, and taking part in postgraduate psychological studies/training or already working as a professional psychologist. A psychology background (in training or qualified) was the unifying characteristic of participants. The group was comprised of postgraduate psychology students (17), intern psychologists (10), and professional psychologists (4). Participants' ages ranged from 24-58 years (M = 34, SD = 9.7).

In choosing the sample, a comparison of the clinical group with an active control group was considered. However, a non-clinical comparison group sample was used for two reasons. First, as the boardgame intervention was a pilot study, it was thought that using a psychology-literate sample may generate valuable feedback in terms of the narrative coaching intervention. Second, it was thought that a psychologist sample (without mental disorders) would likely consist of individuals with a more developed sense of self-mastery and thus provide a meaningful benchmark against which the clinical group outcome in self-mastery improvement could be measured against.

A purposive sampling procedure was used to select the study's sample. Clinical group participants were purposively selected (telephonically, face-to-face) via non-governmental mental health services organisations. Non-clinical group participants were purposively recruited via the University School of Psychology.

The study was approved by the University Human Research Ethics Committee (HE14/204) (see Appendix G). After the participants were given a complete description of the study, written informed consent was obtained (see Appendix H).

Volunteers' capacity to consent was assessed by means of personal interaction in which their comprehension of the participant information sheet was elicited and confirmed in discussion about each section. No volunteers to participate were excluded due to incapacity to consent to the study.

4.2.4 Data Collection

4.2.4.1 Measures

The following measures were used in the study (see Appendix I):

Sense of Mastery Scale (SM) scale (Pearlin & Schooler, 1978). The SM measures the extent to which people regard their life-chances as being under their own control in contrast to being fatalistically ruled. It measures global sense of personal control. The SM is comprised of seven items (e.g., 'What happens to me in the future mostly depends on me'). Respondents rate their agreement to each statement on a 5-point Likert scale ranging from 1 'strongly agree' to 5 'strongly disagree'. Two items are reverse scored and items are summed to create an overall score with higher scores indicating greater sense of mastery.

The SM has shown satisfactory psychometric properties with regard to both validity and reliability (Pearlin, Menaghan, Lieberman, & Mullan, 1981; Rosenfield, 1992). Factor loadings for the 7 items loading on the mastery scale revealed internal consistency reliability. The 5 negatively worded items have factor loadings ranging from 0.76 and 0.56. The 2 positively worded items both have factor loadings of -0.47 (Pearlin & Schooler, 1978). Correlation between time 1 and 2 (four years) was 0.44 (Pearlin et al., 1981). The SM has good convergent validity in diverse

populations (Marshall & Lang, 1990) and strong face validity (Brady, 2003). Cronbach's alpha for the Mastery scale items was .84, .89, .90 in the present study.

The Adult Trait Hope Scale (ATHS) (Snyder, Irving, & Anderson, 1991). The ATHS measures hope as a positive motivational state that is based on an interactively derived sense of successful (a) agency (i.e., goal-directed determination) and (b) pathways (i.e., planning to meet goals). Agency thinking is a belief in one's capacity to initiate and sustain actions and pathways thinking is a belief in one's capacity to generate routes to reach goals. The ATHS contains 12 items. Four items make up the agency subscale (e.g., 'I energetically pursue my goals'), four items make up the pathways subscale (e.g., 'There are lots of ways around any problem'), and four items are fillers (e.g., 'I feel tired most of the time'). Participants respond to each item using an eight-point Likert scale ranging from 1 'definitely false' to 8 'definitely true'. Researchers can either examine results at the subscale level or combine the two subscales to create a total hope score. In the present study subscale scores were used by summing items for each scale.

The ATHS has demonstrated good levels of reliability (Stoner, 2004) with Cronbach alphas of .74 to .84 for overall hope, .71 to .76 for agency thoughts and .63 to .80 for pathway thoughts. Test-retest statistics were reported as being .80 or above for time periods of up to 10 weeks. Agency and pathways are positively correlated, with the typical magnitude of correlation being about .40 (Snyder, Sympson, Michael, & Cheavens, 2001). Cronbach's alpha for the Agency subscale and Pathways subscale were .74, .81, .76 and .92, .93, .93 respectively in the present study.

Boardgame coaching sessions were also digitally recorded to obtain

qualitative data relating to participant responses in the narrative coaching boardgame trial. These data are not analysed as part of this thesis but preliminary examples supporting the study findings as well as participant feedback can be found in Appendices L, M, N, O, and P.

4.2.5 Procedure

The game was played twice, a fortnight apart, with each game lasting 60-90 minutes. The two-week interval was selected in order to allow participants time to practice skills learned in the first game. Measures were administered at three time points: baseline pre-game (T1), then two weeks later at immediately pre-game (T2) followed by the first game. Two weeks later the second game was played with the post-game (T3) measure being administered immediately following the game. Thus, two pre-game baseline assessments were conducted.

For the clinical group, the research sites were at a community adult mental health service setting, participants' workplaces, or their homes. For the non-clinical group, the research sites were at the University campus, participants' workplaces, or their homes. After participants expressed an interest in participating a mutually agreed time and location was established.

4.2.6 Data Analysis

Data collected in the boardgame intervention were analysed using SPSS version 25 (IBM Corp, 2017). A series of three, 2 (group) by 3 (time) mixed ANOVAs were conducted to compare the differences between a clinical group and a non-clinical group over time on measures of mastery and the hope subscales of

agency and pathways. Step down pairwise comparisons used a Bonferroni correction. Self-mastery is the primary outcome variable of interest with the hope subscales of agency and pathways considered secondary variables that represent markers of mental health recovery.

4.3 Results

4.3.1 Mastery

Assumptions were tested for the Mastery variable and there were no outliers, as assessed by examination of studentised residuals for values greater than ±3. Mastery scores were normally distributed (Shapiro-Wilk's test p = > .05 and Normal Q-Q Plot). There was homogeneity of variance across groups and homogeneity of covariance, as assessed by Box's test of equality of covariance matrices. Mauchly's test of sphericity indicated that the assumption of sphericity was met for the two-way interaction, χ 2 = 4.48, p = .11.

There was no statistically significant interaction between group and time on the measure of mastery, $F(2,120) = .20$, p = .80, partial $\eta 2 = .003$. There was a significant main effect of time, $F(2,120) = 13.18$, $p < .001$, partial $\eta 2 = .180$. The main effect of group was not statistically significant, $F(1,60) = 3.51$, $p = .07$, partial $\eta 2 = .055$.

4.3.2 Agency

There were no outliers, as assessed by examination of studentised residuals for values greater than ±3. Agency scores were normally distributed. There was homogeneity of variance across groups. There was heterogeneity of covariance, as

assessed by Box's test of equality of covariance matrices (p = .001). Mauchly's test of sphericity indicated that the assumption of sphericity was violated for the two-way interaction, χ 2 = 9.759, p = .008 therefore a Greenhouse-Geisser correction was used.

There was no statistically significant interaction between group and time on the measure of agency, $F(1.735,104.126) = 1.37$, p = .26, partial $\eta 2$ = .022. There was a significant main effect of time, $F(2, 120) = 13.08$, $p < .001$, partial $\eta 2$ = .179. The main effect of group was also statistically significant, $F(1,60) = 5.24$, p = .026, partial $\eta 2$ = .080. Independent-samples t-tests revealed a statistically significant difference between the groups at T1. The clinical group had significantly lower agency (M = 21.94, SD = 5.66) than the non-clinical group (M = 24.97, SD = 3.33), 95% CI [-5.41, -0.66], t(60) = -2.57, p = .01. There were no significant differences between groups immediately before playing the game (T2) or post-game (T3) (both p > .05).

4.3.3 Pathways

There were no outliers, as assessed by examination of studentised residuals for values greater than ±3. Pathways scores were normally distributed. There was homogeneity of variance across groups and homogeneity of covariance confirmed through Box's test of equality of covariance matrices (p = .14). Mauchly's test of sphericity indicated that the assumption of sphericity was met for the two-way interaction, χ 2 = 5.18, p = .08. There was no statistically significant interaction between group and time on the measure of pathways, $F(2,120) = .72$, p = .49, partial $\eta 2$ = .012. There was a significant main effect of time, $F(2,120) = 12.22$, $p < .001$, partial $\eta 2$ = .169. The main effect of group was not statistically significant, $F(1, 60)$

= .43, p = .52, partial η2 = .007.

4.4.4 Post Hoc Analyses

All participants demonstrated statistically significant improvement on scores of mastery, agency, and pathways in the intervention. Since we were particularly interested in the results for the clinical sample and because there were differences between groups for Agency at T1, a series of repeated measures ANOVAs with paired comparisons were conducted separately to explore where differences over time occurred. A summary of the results of the repeated measures ANOVAs is provided in Table 4.

Table 4

Means and standard deviations and repeated measures ANOVA results

Measure	Group		Baseline (T1)		Pre-game (T2)		Post-game (T3)		Tests of within-subject effects		
		n	M	SD	M	SD	M	SD	*F* (2, 60)	*p*	η_p^2
Mastery	Clinical	31	24.16_b	5.55	25.03_a	5.13	26.19_{ab}	5.16	7.086	.002	.191
	Non-clinical	31	26.26_a	2.92	27.06_b	3.45	27.87_a	3.25	6.140	.004	.170
Agency	Clinical	31	21.94_a	5.66	23.39_b	5.25	24.48_a	4.61	7.035	.002	.190
	Non-clinical	31	24.97_b	3.33	25.23_a	3.12	26.45_{ab}	3.10	7.775	.001	.206
Pathways	Clinical	31	24.74_a	5.22	25.35_b	5.12	26.00_a	5.13	3.459	.038	.103
	Non-clinical	31	25.29_b	3.38	25.74_a	3.04	27.16_{ab}	3.89	9.947	.001	.249

Note. Means in the same row sharing subscripts are significantly different at $p < .05$

For the clinical sample, their Mastery scores were not significantly different between baseline measures (T1, T2) but post-game scores (T3) were significantly higher compared to both baseline measures. Their Agency scores were not significantly different between baseline measures (T1, T2) but post-game scores (T3) were significantly higher compared to baseline measure T1. Their Pathways scores were not significantly different between baseline measures (T1, T2) but post-game scores (T3) were significantly higher compared to baseline measure T1.

For the non-clinical sample, their Mastery scores were not significantly different between baseline measures (T1, T2) but post-game scores (T3) were significantly higher compared to baseline measure T1. Their Agency scores were not significantly different between baseline measures (T1, T2) but post-game scores (T3) were significantly higher compared to both baseline measures. Their Pathways scores were not significantly different between baseline measures (T1, T2) but post-game scores (T3) were significantly higher compared to both baseline measures.

4.5 Discussion

4.5.1 Self-mastery Improvement: Transformative Personal Change as Adaptive Growth

As the focus of this paper is on people in recovery, the results are discussed predominantly from the clinical group perspective. The finding of no statistically significant interaction between group and time on the variables of interest suggests the pattern of results was similar for the clinical and non-clinical groups. Notably, the clinical group improved on par with the non-clinical group even though starting

from a lower point. Finding a consistent effect for time suggests improvements in self-mastery coincided with playing the boardgame. This implies that people in recovery have the ability to improve their sense of self-mastery as part of adaptive growth. This is consistent with the boardgame design assumption that self-mastery as a universal, agentic process of human functioning is available to all people as adaptive capacity. Participants' improvement in self-mastery as a core aspect of personal agency would likely confer on them a heightened sense of control in life. Potentially, they could intentionally choose to narrate an agentic recovery journey and construct a self-determined narrative identity in future.

Although the clinical group demonstrated significant change on the variables of interest in the boardgame intervention, their scores were generally lower than the non-clinical group. This was unsurprising, given the different group characteristics, particularly the experience of mental illness. The groups improved in the boardgame intervention with roughly parallel improvements in their outcome measures from T1 to T3. Participants' significant change on the variables of interest as a group does not imply that all individuals demonstrated such improvement. There was individual variation both in scores and patterns of change from baseline to post-intervention both within and across variables.

Although the study design does not allow any causal conclusions about the role of playing the boardgame on changes in self-mastery, the presence of a stable baseline for the clinical group does reduce the probabilities of time, expectancies, or measurement effects accounting for the change. In short, there were no significant differences in self-mastery across the two baseline measurement points prior to playing the game. The increase in self-mastery occurred at post-test (T3) after the

game had been played on the second occasion. Participants' transformative change after the two-week (pre-post) intervention period suggests that people in recovery can make rapid and potentially sustainable change in their narrative identity status. That such change coincided with playing the boardgame suggests that this may be a useful tool to facilitate the development of self-mastery.

From a complex adaptive system (CAS) perspective, participants' significant improvement in mastery scores in the boardgame intervention can be understood as evidence of second-order, transformative personal change. Theoretically, this is viewed as more often sudden change in contrast to first order change which is viewed as minimal, gradual, and continuous adaptations while remaining organised around stable, dominant attractors (i.e., habitual patterns of functioning) (Salvatore et al., 2015; Gelo & Salvatore, 2016). This suggests that participants experienced adaptive growth as part of their narrative identity reconstruction in the boardgame intervention.

The evidence for people with mental illness to make sudden gains in other domains is not new. For example, Tang and DeRubeis (1999) examined the depression severity time courses of 61 CBT patients over 12-20 treatment sessions. Half of the patients experienced large symptom improvements in a single between-sessions interval. Patients' sudden gains accounted for 50% of their improvement. Substantial cognitive changes were observed in the therapy sessions preceding sudden gains, but few cognitive changes were observed in control sessions, suggesting that cognitive change in the pre-gain sessions triggered the sudden gains. Patients who experienced sudden gains were less depressed than the other patients at post-treatment and remained so 18 months later. Similar sudden gains have been

identified for other disorders such as obsessive-compulsive disorder (e.g., Heinzel, Tominschek, & Schiepek, 2014).

Table 5

An overview of the narrative coaching BOARDGAME

Heroes and Heroines: The Recovery Journey Boardgame							
Steps in the boardgame (Hero's Journey)	**The Call** Protagonist faces a life difficulty and decides to go on a journey to address it.	**Threshold** Protagonist leaves his/her comfort zone and engages in the recovery journey.	**Road of Trials** Protagonist is fully engaged in the journey and is tested in the process.	**Setback** Protagonist is faced with a significant obstacle that must be overcome.	**Rising Action** Protagonist is immersed in the journey and faces many competing demands.	**Climax** Protagonist must overcome his/her main personal limitation to succeed.	**The Return** Protagonist is changed as a person, and shares his/her learnings with others
Challenges at each step (Life Story Model of Identity)	**Preferred identity** *Challenge:* Find purpose and meaning for your journey.	**Underlying beliefs** *Challenge:* Choose beliefs that could best support you on your journey.	**Dominant attitude/s** *Challenge:* Choose what attitude/s could best support you on your journey.	**Story turning points** *Challenge:* Identify a possible main setback on your journey and consider how to overcome it.	**Managing aspects of self** *Challenge:* Identify your life roles and consider how to manage them on your journey.	**Story high point** *Challenge:* Identify your main personal limitation on the journey and consider how to address it.	**Personal growth** *Challenge:* Reflect on your journey learnings and consider how to use them in future.
Coaching process (Intentional Change Theory)	**Game preparation** Psych-education, choose goal, clarify values, imagine ideal self, learn and practise self-mastery skills.	**Game play** The game-playing mechanism reflexive question sequence protocol used at all narrative identity challenges: How would your ideal self address this challenge? How is that different from the way you would currently address this challenge? What qualities/strengths that you have, could you draw upon to address this challenge? What archetypes and qualities/strengths could you draw upon to address this challenge? Pause and reflect. Based on the above discussion, what action/s can you take to address the challenge? (i.e., support those beliefs; support those attitudes; overcome that setback; manage your life roles; overcome your personal limitation; use your learnings).					

4.5.2 The Recovery Journey Boardgame: Theorised Mechanisms of Change

The boardgame was created drawing on CAS, ICT, and LSMI (see Table 5). The following describes the theorised mechanisms of change based on these guiding theories.

At the outset of the boardgame, the key process for participants was to conceptualise an affectively compelling ideal self as a personal life vision. This was comprised of an image of a valued real-life goal as context for their boardgame journey, instilling hope that it may be attained, and awareness of inner attributes that they could draw upon to attain it (see Table 5). This process was critically important as the ideal self is the emotional driver of sustainable personal change (Boyatzis & Akrivou, 2006). Establishing a goal and harnessing inner attributes to attain it provided motivation to both initiate and sustain their effort in the boardgame. This is not to suggest that the ideal self is the only possible self relevant for recovery or has pre-eminence over other possible selves (e.g., ought self, feared self) (Markus & Nurius, 1986) that may indeed may also be adaptive and important for narrative identity reconstruction in recovery. An ideal self conceptualisation was used for the boardgame intervention as it is a key component of intentional change theory (ICT) coaching framework and is consistent with the narrative constructivist tenet that people inherently strive for optimal development in their life story.

The coaching aim at the preparatory story step was to assist participants to adequately conceptualise an affectively compelling ideal self. This was achieved by

focusing on constructing the components of the personal life vision that comprise the ideal self. Participants engaged in imaginal rehearsal and values clarification exercises to elicit the purpose and meaning that underpinned their choice of goal, learned about agentic archetypes and attributes that they could draw upon (e.g., Warrior: discipline, determination, courage, skills), and learned and practised self-mastery skills (i.e., applied mindfulness) that they would use in the game. Particular emphasis was placed on assisting participants to create a very clear imaginal picture of their ideal self and make a positive emotional 'connection' with it, in order to develop the necessary motivation to pursue sustainable personal change.

Participants' current self attractor at the outset was in a unique system state that would influence their receptivity to change and outcome in the game. This is the process of sensitive dependence on initial conditions. A CAS must be receptive to perturbation (i.e., destabilisation) for change to occur. CAS are highly resistant to change, and sufficient perturbation is required to initiate the nonlinear sequence of change that allows for system re-organisation and the formation of novel attractors (Salvatore et al., 2015; Gelo & Salvatore, 2016). Given participants' change in the boardgame, it can be assumed that perturbation generated by the game play was adequate.

At the remaining story steps in the boardgame recovery journey, the key process for participants was to successfully complete the narrative identity challenges (see Table 5). Participants were required to engage in a sequence of coaching questions in which they used the self-mastery skills that they learned and practiced in the preparatory step of the game. They were required to demonstrate increased awareness of self and context and attempt to identify decisions and actions they could take that might take them closer to their goal. This entailed transformational narrative processing.

The coaching aim at the story steps was to assist participants to successfully complete the challenges. Particular emphasis was placed on assisting participants to engage fully in the immersive ideal self role-play nature of the boardgame and respond with agency at the challenges. This was achieved by engaging participants in the game-playing mechanism (see Table 5), which can be viewed as a critical factor in facilitating participants' transformative change. The mechanism made synergistic use of the hero's journey metaphor, reflexive coaching questions, and agentic archetypal resources. Explaining the nature and importance of the hero's journey steps and the associated aspects of narrative identity contextualised the challenges and related them to participants' chosen goal. Reflexive coaching questions required participants to take the perspective of their ideal self and repeatedly explore in depth both their known inner attributes and novel agentic archetypal attributes and consider how they could use them to successfully attain their chosen goal.

Participants' ideal self positive emotional attractor likely would have strengthened and formed over time as they engaged in the narrative identity challenges. The challenges can be described as bifurcation points, which are places in nonlinear change where a CAS is faced with alternative developmental pathways and must choose which direction to take. These were critical points in participants' boardgame journey as successful completion (i.e., agentic story construction) of the challenges moved them towards their goal. Formation of the ideal self attractor involved self-organisation, where a CAS internally produces novel behaviour. Participants' transformative change occurred in a process of emergence where their ideal self attractor became dominant through repeated activation in the game-playing mechanism. This can be described as a phase shift, which refers to a sudden major qualitative difference in a system state. This

phase shift could be represented by the significant change in mastery demonstrated by participants' following completion of the boardgame.

4.5.3 Qualitative Aspects of the Boardgame Intervention

Data in the appendices comprise aspects of the qualitative data collected in game play recordings. They provide illustrations of, 1. ideal self-conceptualisation at the outset of the game (Appendix L), 2. narrative identity challenges in game play (Appendix M), 3. ideal self actualisation during the game (Appendix N), and, 4. respondents' opinions about playing the boardgame (Appendices O and P).

4.6 Limitations of the Study

The main limitation of the study is quasi-experimental research design which does not allow causal statements regarding playing the boardgame and changes in the study outcome variables. There is a need for a randomised controlled trial with participants allocated to the boardgame intervention and a control group. An active control involving an alternative game of similar length that does not target mastery would be preferable. Nevertheless, the pre-post design of the current study allowed for initial participant feedback and preliminary estimates of likely effect sizes for future study planning. Another limitation was that the administration of the post-test occurred very close in time to when the game was played. Future research should also extend the follow-up period to ascertain whether changes in self-mastery are sustained over time or just remain proximal to playing the game.

A further limitation is use of the hero's/heroine's journey as a narrative identity coaching model. The idea of relating to a 'hero' or 'heroine' is sometimes misconstrued

as hero-worship or referring to someone with special powers and thus difficult to emulate. Also, not all mental health stakeholders are familiar with the concept and relevance of the hero's/heroine's journey. To overcome these limitations, the boardgame design featured a pedagogical segment where the researcher (coach) briefly explained to participants the concept of the hero's journey in relation to the coaching intervention.

It is important to note that the findings do not suggest that participants underwent a holistic narrative identity reconstruction. Participants' transformative change relates to one aspect of their life (i.e., their chosen boardgame goal) and one aspect of their identity (i.e., self-mastery). However, this would likely have a positive impact on their identity overall (e.g., improved agency and pathways thinking).

Further, it should be noted that clinical group participants were actively involved in recovery. Some had been in recovery for many years while others were relatively new to the process, but they were all progressing in their recovery through the stages of awareness, preparation, and rebuilding (Andresen et al., 2003). It is unlikely that the playing the boardgame would be suitable for people very early in recovery (moratorium) or in a mental health crisis.

4.7 Conclusions

Using a serious health boardgame as a narrative coaching tool appears to be a novel and effective way to improve people's self-mastery a component of narrative identity reconstruction in recovery. The hero's journey offers a narrative coaching framework that frames adaptive growth in an accessible manner. Complexity theory

offers a useful conceptual framework and language to understand the processes of psychological change that underpin narrative identity reconstruction. This approach has the potential to assist in changing the meanings individuals give to transition in their lives, potentially leading to a higher level of adaptive growth in recovery.

The current study builds on prior findings by suggesting how self-mastery might be understood and facilitated from a complexity perspective. For practice it offers a way for mental health professionals to facilitate their clients' narrative identity reconstruction in recovery. Future research should utilise an experimental design and determine what stage of recovery might be optimal for the timing of the intervention.

Study 1 (Chapter 3) and Study 2 (Chapter 4) were presented as two sequential explorative mixed methods studies designed to understand and facilitate participants' narrative identity reconstruction in mental health recovery. In the following chapter (Chapter 5), the research project overall is discussed. The research problem, purpose, and questions are reviewed to contextualise the discussion. A summary of the findings is presented where knowledge generated in the two sequential studies is briefly revisited. The findings are integrated to present overall research findings. These findings are discussed with a focus on their meaning, implications, and significance. The project's limitations are considered. Recommendations for future research are made. Conclusions highlight the study's contribution to theory, practice, and research knowledge.

Chapter 5

Conclusions and Recommendations

5.1 Introduction

Narrative identity reconstruction in mental health recovery is a nonlinear dynamical phenomenon that is under-examined, poorly understood, and difficult to apply in a recovery healthcare setting. The purpose of this research project was to explore participants' narrative identity reconstruction as part of their mental health recovery, using a complex adaptive system (CAS) perspective. The overall aim was to apply a CAS approach to investigate participants' narrative identity reconstruction as part of recovery. The research sought to identify the main elements of narrative identity construction in the recovery stories of a sample of mental health peer workers and to consider how the findings could be understood from a CAS perspective. Further, the research sought to identify the main effects of a narrative coaching serious boardgame intervention conducted with people in recovery aimed at facilitating their narrative identity reconstruction. The findings were considered from a CAS perspective. Several key narrative identity elements and related nonlinear processes of change were identified in the studies with respect to both understanding and facilitating participants' narrative identity reconstruction.

5.2 Summary of Findings

In Study 1 the main finding was that the theme of self-mastery as part of intentional agency was pronounced in participants' recovery narratives. Self-mastery

was especially evident at redemptive story turning points. This was interpreted as an agentic self within an agentic plot in which participants' sense of self-mastery appeared to be a crucial aspect of their narrative identity reconstruction. From a complexity perspective, participants' higher level of self-mastery was viewed as the realisation of their adaptive capacity in relation to narrative identity reconstruction. Their recovery stories could be understood as the transition from an undesired attractor state-of-being (illness) to a desired attractor state (recovery). Redemptive story turning points were viewed as bifurcation points where, in using self-mastery, participants chose a developmental pathway aligned with their desired attractor state (rather than an undesired state).

In Study 2, the findings from Study 1 were operationalised in a narrative coaching boardgame designed to improve participants' self-mastery as part of narrative identity reconstruction in recovery. Study 2 provides preliminary evidence that changes in self-mastery coincide with game play. The main finding was that participants demonstrated statistically significant improvement on a measure of self-mastery in playing the boardgame. Both clinical and non-clinical participants demonstrated self-mastery improvement over time. It was suggested that the boardgame had the capacity to develop narrative identity irrespective of the experience of mental illness, which is consistent with the view that self-mastery is a universal human process. As the focus of the study was on people with mental illness, the implications of the results for the clinical group were emphasised. The secondary finding was that participants demonstrated statistically significant improvement on variables (hope theory subscales of agency and pathways) representing markers of recovery. Participants' improvement in self-mastery coincided with their engagement in the reflexive game-playing

mechanism that was designed to facilitate transformational narrative processing. Critical aspects of participants' narrative identity reconstruction in the boardgame trial were a clear, emotionally compelling conceptualisation of their ideal self (preferred identity) and the repeated use of agentic inner resources to address the game's narrative identity challenges. From a complexity perspective, participants' improved mastery was held to be evidence of second-order, transformative change and was viewed as adaptive growth in the intervention. This self-determined narrative identity could be understood as the formation of an ideal self (positive emotional attractor), which is characterised by a patterned sequence of nonlinear change processes. Narrative identity challenges were understood as bifurcation points where successful completion thereof guided participants on a developmental pathway aligned with their ideal self.

In integrating the findings, several key narrative identity elements and nonlinear processes of change are identified with respect to both understanding and facilitating participants' narrative identity reconstruction. Self-mastery can be viewed as a crucial aspect of narrative identity reconstruction, particularly important at redemptive story turning points, which can be facilitated by conceptualisation of an emotionally compelling preferred identity and transformational narrative processing as a means of pursuing valued goals. From a complexity perspective the key nonlinear dynamical processes linked to these narrative identity elements can be understood as bifurcation points and attractor formation.

5.3 Interpretation of Findings

Participants' reconstruction of narrative identity can be understood as causal narrative (Polkinghorne, 1996; Beatty, 2017; Morgan & Wise, 2017) whereby their use

of self-mastery crucially shaped their overall recovery journey story and their evolving narrative identity. Participants as story protagonists can be viewed as agentic characters with the adaptive capacity to successfully address recovery challenges and create an agentic plot as a causal narrative. In Study 1, participants' narrative identity reconstruction described in their recovery stories can be viewed as a natural process involving increasing self-mastery as adaptive capacity. This was causal narrative involving participants' use of self-mastery at redemptive story turning points. This was characterised by purposeful and decisive action in addressing their difficulties that moved them in the direction of their desired goals and outcomes in recovery. In Study 2, the boardgame facilitated participant's identity reconstruction through the narrative coaching process. Causal narratives were facilitated as participants engaged in identity challenges that, if successfully completed, would result in the reconstruction of their self-determined narrative identity in the context of a chosen goal or outcome.

The related key nonlinear processes are also theorised to critically influence the pattern of participants' personal change over time. Participants' reconstruction of narrative identity as causal narrative can be understood as a pattern of change in which the nonlinear processes of bifurcation points (choice of developmental pathways) and attractor formation (habitual pattern of functioning) were crucial. In Study 1, participants' use of self-mastery at redemptive story turning points in causal narrative can be understood as bifurcation points in their evolving narrative identity. These were pivotal moments on their recovery journey that guided them on a developmental pathway aligned with recovery as a desired attractor state. Continued use of self-mastery on their recovery facilitated the formation of a recovery attractor. In Study 2, the boardgame's hero's journey storyline was a causal narrative in which narrative

identity challenges can be viewed as bifurcation points. Participants' successful completion of the challenges, facilitated by their intentional use of self-mastery as part of transformational narrative processing, guided them in the direction of their ideal self (preferred identity) attractor state. Their repeated use of self-mastery, in which they drew upon agentic inner attributes to address the challenges, can be understood as the formation of their ideal self attractor.

5.4 Significance of the Study

The primary implication of this study is that people in recovery can learn to intentionally improve their sense of self-mastery as a crucial aspect of reconstructing a self-determined narrative identity in recovery. Having the ability to intentionally use self-mastery skills on the recovery journey, particularly when difficult challenges are encountered, empowers the individual to make well-considered decisions and to take action aligned with their desired goals, outcomes, and quality of life. As part of this, the individual's understanding of the nonlinear processes involved in narrative identity reconstruction could help them both to normalise the ups and downs commonly experienced on the recovery journey. What follows are elements of application followed by the associated CAS component description in parentheses. Simple application might involve (a) helping people prepare for and be willing to pursue recovery (sensitive dependence on initial conditions), (b) supporting the creation of emotionally compelling goals or outcomes and helping them clarify who they would like to be in this context (perturbing their existing attractor system state), (c) assisting them to repeatedly access their inner agentic resources as they intentionally pursue their goals/outcomes (attractor formation), (d) encouraging the deliberate use of their self-mastery skills to navigate

their recovery pathways (bifurcations), and (e) exercising patience for results to occur (emergence, phase-shift). Deliberate causal narrative would be facilitated by exploring their recovery experiences, looking at both the positive and negative aspects of them, and intentionally choosing to pursue a positive outcome. This is causal narrative and adaptive growth in recovery.

The secondary, related implication of the study is that self-mastery is a crucial aspect of narrative identity reconstruction in recovery and it can be developed by narrative coaching. The study demonstrated that using a serious boardgame as a coaching tool is a useful way of facilitating people's self-mastery as part of narrative identity reconstruction. The synergistic use of the boardgame's hero's journey narrative storyline, the reflexive game-play mechanism focused on transformational narrative processing, and the coaching framework of complex personal change, seems to be a promising foundation for narrative coaching boardgame interventions. The boardgame teaches the hero's journey as an agentic schema and script that the individual can internalise and equips the person as story protagonist with the narrative processing skills to navigate the journey and pursue their valued goals. As part of this process they engage with a self-determined narrative identity with a sense of self-mastery. This includes internalisation of agentic narrative identity beliefs, attitudes, ways to overcome setbacks, ways to manage life-roles and aspects of self, ways to overcome personal limitations, and constantly learn from experience. In complexity terms, this is a highly adaptive optimal attractor system state whereby the person is stable but open to novel responses in the face of internal and/or external challenges.

A third implication is that people in recovery can learn to be their own self-mastery coach. By internalising the learnings in the boardgame, people can use them in

real life on their recovery journey. In terms of narrative identity, this would allow them to intentionally pursue who they would like to be in the context of valued goals in their evolving recovery story. In complexity terms, this is the enhancement of adaptive capacity and would facilitate higher levels of adaptive growth in recovery.

In terms of theory, the findings can be viewed in relation to the theories that underpinned the conceptual framework of the study. The findings expand on the life story model of identity (LSMI) in that they suggest a specific configuration of narrative identity components relevant to recovery, focus on an area not yet covered in LSMI research and, as suggested by McAdams (2013), link narrative identity components to causal personal change processes. In intentional change theory (ICT), the findings add deeper knowledge and a nuanced understanding of the nonlinear processes involved in complex sustainable personal change and focus on an area not yet covered in ICT research. ICT often focuses on organisational change but is applicable to many areas of research (Boyatzis, 2006) and its use in recovery opens up a new research direction in this regard. In complex adaptive system theory (CAS), the findings go beyond outlining generic nonlinear change processes and sequence, offering a specific configuration of nonlinear processes associated with narrative identity reconstruction. This is aligned with a need to identify the principles, mechanisms, and processes able to explain personal change (Bussolari & Goodell, 2009) and create domain-specific applications of CAS (Guastello, 2012). The findings also go beyond broad representations of the hero's journey as a conceptual metaphor for recovery. They position the hero's journey as an accessible, practical framework for facilitating narrative identity reconstruction in recovery aligned with people's adaptive growth (O'Hagan, 2012; Williams, 2019).

This research program's findings extend on the literature on recovery and

narrative identity in that they identify self-mastery as a specific aspect of agency that may be crucial in narrative identity reconstruction. The findings thus add nuance to existing research and, potentially, deeper understanding of narrative identity reconstruction as part of recovery. For example, the results of this research program are aligned with the recent systematic review and synthesis of published literature (45 studies comprised of 629 recovery narratives) on the characteristics of mental health recovery narratives (Llewellyn-Beardsley et al., 2019). The review aim was to conceptualise mental health recovery narratives and identify what might be missing from their characterisation. In a conceptual framework of nine dimensions the review identified recovery stories as multidimensional, nonlinear, and characterised particularly by story turning points. The review highlighted the need to understand and support posttraumatic growth for people in recovery with particular focus on expanding available choices. As another example, the results are aligned with the recent study by Adler et al (2016) who detailed empirical evidence supporting the incremental validity of narrative identity in predicting well-being. Personal agency and redemptive story turning points were identified as important themes in narrative identity. The need for further studies on specific topics in narrative and well-being was highlighted.

This research program's findings also add to the literature on the use of serious games across diverse populations and contexts in healthcare, supporting the huge potential for serious games within mental health (Reynolds, Hodge, & Simpson, 2017) and in particular the use of non-digital boardgames as means of engaging people and impacting health-related outcomes (Gauthier et al., 2019).

For practice, the findings offer a way for mental health professionals to assist clients to improve self-mastery as part of constructing a self-determined narrative

identity aligned with adaptive growth in recovery. Linking recovery to the complex nonlinear processes inherent in adaptive growth offers a useful conceptual framework and language to understand and facilitate narrative identity reconstruction. As discussed above, this approach can help people to make sense of transition in their lives and provide them with practical skills to reconstruct their self-determined narrative identity, potentially leading to a higher level of adaptive growth in recovery. Additionally, enhanced self-mastery in relation to addressing life difficulties would empower people to pursue the broader recovery aims of fulfilling their inherent potential and pursuing their desired quality of life. Using a serious boardgame as a narrative coaching tool appears to be a novel and effective way to improve people's self-mastery as a component of narrative identity reconstruction in recovery.

In terms of policy, the study adds impetus to the many calls for urgent implementation of a CAS model of service delivery in mental health services (Ellis, Churruca, & Braithwaite, 2017; Greenhalgh & Papoutsi, 2018; Martin, 2018). The study fulfils the research criteria of rich theorising, generative learning, and pragmatic application identified as necessary for furthering the shift to CAS in mental health services (Greenhalgh & Papoutsi, 2018). In doing so, it demonstrates the utility of a CAS approach to mental health. This is important as it suggests that, despite the imperative of a shift to a CAS approach to mental health services, a CAS approach can be integrated with existing mental health services.

5.5 Limitations of the Study

In Study 1 (peer worker interviews), the main limitations were common to critiques of qualitative research methodology in general and partially inherent in the

research design. These limitations were most notably researcher bias and participants' well-rehearsed autobiographical memory because of their job demand. These limitations were carefully accounted for and steps were taken to minimise their impact. This involved using typical qualitative research methods and procedures widely considered best practice by the research community. In Study 2 (boardgame trial), the main limitation was the quasi-experimental research design as it precluded making causal statements regarding changes in the study outcome variables. Another limitation was that post-test measurement of variables occurred very close in time to when the game was played and there is a need for a longer term follow-up to determine whether change is sustained or developed further. The suitability of the boardgame for various stages of recovery was also considered as a potential limitation. Issues of validity and reliability were a prime consideration, and these were accounted for. In the study overall, the main limitation is generalisability. The findings relate to relatively small samples in a limited geographical area and thus cannot be generalised. Accordingly, the findings should thus be considered with appropriate caution. However, the study was intended as a pilot that focused on a relatively unexamined research area using innovative methods. Its value lies in opening up a research direction and clarifying the processes and response of potential participants.

5.6 Recommendations for Future Research

Several research directions are identified:

1. Future research should more rigorously evaluate the effectiveness of the boardgame. This should include randomised control trials with participants allocated to the boardgame intervention and a control group.

2. Boardgame interventions should be conducted with people with specific mental disorders. While the boardgame was developed for transdiagnostic use, it could be useful to determine if there are significant differences in effectiveness across different clinical populations.

3. There is a need for longer follow-ups post boardgame intervention to see if self-mastery improvement as part of narrative identity reconstruction is sustained and if it continues to develop further.

4. There is a need to link self-mastery improvement in narrative identity to meaningful recovery outcomes (e.g., relationships, employment, education, reduced hospitalisation). The recovery dimensions and guidelines as outlined by SAHMSA (2012) could be used to identify recovery markers.

5. There is a need to investigate what the optimal timing of boardgame play might be to maximise the effects. As mentioned in Study 2, using a recovery five-stage model (Andresen et al., 2003), the game is unlikely to be helpful for people early in recovery in the moratorium stage (Stage 1) which is characterised by the experience of distress and often confusion. It could be helpful at the awareness stage (Stage 2), characterised by the first glimmer of hope of a better life and that recovery is possible. The boardgame's motivational aspect of developing a desirable ideal self in the context of a valued goal and fostering hope of its attainment may be particularly helpful at this stage. It is likely that the boardgame would be most effective in the preparation (Stage 3) stage, characterised by the person's engagement in recovery, and rebuilding (Stage 4) stage characterised by forging a positive identity. The boardgame would likely be helpful for people in the growth stage (Stage 5) as a means of reinforcing their self-

determined narrative identity. In this research program, Study 1 participants (peer support workers) can be viewed as being in the growth stage (Stage 5) while the clinical participants in Study 2 likely ranged from Stage 2 to Stage 4. The Stages of Recovery Instrument (STORI), developed to be used with the five-stage recovery model, could be used in future research to identify which stage of recovery a person is at (Andresen et al., 2006).

6. It could be useful to explore the development of a digital/online version of the boardgame. Online games and phone applications (apps) in particular would leverage the popularity of digital technology and cater for those who prefer this kind of format. This could make the boardgame more widely available for recovery coaching purposes.

A major strength of this research program was its ability to gain a nuanced understanding of narrative identity reconstruction as part of recovery and explore its potential to allow descriptions of the nonlinear processes involved. Another major strength is the utility of the findings where it offers concrete, accessible ways of understanding and facilitating narrative identity reconstruction as adaptive growth in recovery. The recommendations for future research are intended to build on this research program.

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Appendix A

Published manuscript

The Reconstruction of Narrative Identity During Mental Health Recovery: A Complex Adaptive Systems Perspective

Kerr, D. J. R., Crowe, T. P., & Oades, L. G. (2013). The reconstruction of narrative identity during mental health recovery: A complex adaptive systems perspective. *Psychiatric Rehabilitation Journal, 36*(2), 108-109. http://dx.doi.org/10.1037/h0094978

Psychiatric Rehabilitation Journal
2013, Vol. 36, No. 2, 108–109

1095-158X/13/$12.00 DOI: 10.1037/h0094978

BRIEF REPORT

The Reconstruction of Narrative Identity During Mental Health Recovery: A Complex Adaptive Systems Perspective

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Objectives: 1) to understand the reconstruction of narrative identity during mental health recovery using a complex adaptive systems perspective, 2) to address the need for alternative approaches that embrace the complexities of health care. ***Method:*** A narrative review of published literature was conducted. ***Results:*** A complex adaptive systems perspective offers a framework and language that can assist individuals to make sense of their experiences and reconstruct their narratives during an often erratic and uncertain life transition. It is a novel research direction focused on a critical area of recovery and addresses the need for alternative approaches that embrace the complexities of health care. ***Conclusions and Implications for Practice:*** A complexity research approach to narrative identity reconstruction is valuable. It is an accessible model for addressing the complexities of recovery and may underpin the development of simple, practical recovery coaching tools.

Keywords: mental health recovery, narrative identity, complex adaptive system, narrative coaching

The process of recovery in mental health is a complex phenomenon. There is a dynamic interaction among characteristics of the individual and the environment in which recovery may be facilitated or impeded. This dynamic interaction includes the interplay of forces that are complex, synergistic, and linked (Onken, Craig, Ridgway, Ralph, & Cook, 2002). Despite widespread acknowledgment that recovery is a complex phenomenon, it is underinvestigated from this perspective. A need exists for new approaches that acknowledge the complexities of health care, new conceptual frameworks that move beyond focusing on deterministic linear causal relationships to examine dynamical, creative, and emergent relationships possibly overlooked amid the apparent chaos of recovery.

Investigating recovery from a complexity science perspective offers such an alternative approach and framework. A relatively new, slowly emerging approach in recovery and health care, complexity science as a meaning-making model considers stress, disorder, unpredictability, and lack of control as part of a transition process and is a more flexible, useful model for the complexities of life (Bussolari & Goodell, 2009). It offers a framework and language that mental health providers and individuals can use to understand and facilitate transition during the often erratic journey of recovery.

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Complexity Science: An Alternative Approach to Understanding Recovery

Complexity science is the study of complex living systems. It is a collection of concepts and principles used to examine open systems with nonlinear dynamical, self-organizing and emergent properties. It elaborates how there is order and disorder within complex phenomena: Systems function in ways that may look chaotic but are in fact governed by an underlying order. The concern is how systems adapt and coevolve as they organize through time and the focus is on dynamic processes, unpredictability, novelty, and emergence. The self is seen as a complex adaptive system (referring to the complex nonlinear nature of the world, the adaptive manner of change and evolution that characterizes the individual, and system interconnectedness; Guastello, Koopmans, & Pincus, 2009).

The self is an open, dynamical system made up of a multiplicity of parts characterized by self-complexity. Complexity science posits simple causes for complex effects. Investigators seek to explain the simple rules that underpin complexity. Nonlinear dynamical systems (complexity) research perspectives are well placed to create simple, parsimonious models that can explain complex behavior, and the use of visual tools is considered paramount in this regard (Hyerle, 2009).

Although recovery is complex, certain core elements can be identified. The reconstruction of sense of self and identity is considered a central task. Individuals with mental illness typically experience a sense of loss of self and identity that needs to be overcome or managed for recovery to become possible. The task is for individuals to redefine themselves, to create or rebuild an identity away from being a sick person to one who is striving for a desired quality of life. It is an ongoing, transformative process whereby the individual shapes a desired identity in pursuit of a

fulfilling life regardless of any illness constraints (Anthony, 1993). There is a complex relationship between and within identity and recovery.

Narrative Identity Reconstruction: Multiple Selves, Multiple Stories

As recovery is characterized by the use of the personal stories of those with lived experience of recovery, the focus is often on narrative identity reconstruction. Narrative identity is concerned with how individuals employ narratives to develop and sustain a sense of personal unity and purpose from diverse experiences across the life span. The process of narrating, reframing, retelling, restorying, reauthoring, questioning, and reformulating one's life story can provide a sense of meaning and possibility for individuals and can have a positive and empowering impact on a recovery journey. The process provides narrators the opportunity to make their voices and opinions heard, recover the voice that illness and treatment often takes away, articulate trauma and loss, demystify their experience, refocus on the positives of their experience, consolidate gains, and construct new maps for the recovery journey (Brown & Kandirikirira, 2007).

A narrative approach to mental health acknowledges that a person is a collection of multiple selves living within multiple realities. It highlights the multiple, fragmented nature of personal identity and emphasizes that people's stories are complex. The self is multidimensional whereby identity does not cohere around a core self, but is an integration of different selves telling different stories in a dialogical, dynamic interplay between themselves, others, and environment. Conflict and tension are inherent in this process, making the integration of selves challenging and often difficult (Dimaggio, Hermans, & Lysaker, 2010).

Recovery is a personal endeavor, a unique process driven essentially by the individual in pursuit of desired quality of life. Recovery is, thus, helpfully understood from a constructivist perspective (Slade, 2009) which gives primacy to the values, preferences, and subjective experience of the individual and emphasizes the complex, dynamical processes inherent in living systems. Indeed, the constructivist self may be seen as a complex adaptive system. A narrative constructivist view holds that storytelling is fundamental to the human experience: Life yields stories, stories give meaning to life, and people are embedded in stories by which they shape and are shaped by their world (Elliott, 2005). Although recovery may be viewed from many different perspectives (e.g., positivism, clinical recovery, unitary self) a narrative constructivist view may be of particular relevance as it addresses recovery as a complex phenomenon and its narrative character.

Narrative Coaching: Facilitating New and Empowering Stories

Narrative methodologies are widely used to conceptualize, understand, and promote recovery. A narrative approach is based on a systemic, dynamic view of stories as processes by which people create and navigate the world according to their unique blend of cultural and individual expectations. Narrative coaching is an emerging approach particularly well aligned with recovery. It works at the level of identity and so addresses recovery's central task of identity reconstruction. It makes use of literary devices and metaphors and is highly practical, making extensive use of models and tools. The goal is to help individuals to forge new connections between their stories, identity, and behaviors in order to generate and embody new options (Drake, 2010). In telling stories, individuals may shape their identity and recovery journey.

From Concept to Practice: A Research Direction With Potential

Investigating narrative identity reconstruction as part of mental health recovery from a complex adaptive systems perspective has considerable potential as a research direction. It is focused in a critical area of recovery and offers a novel way of conceptualizing and understanding the complexities of recovery. The development of simple, concrete, and practical coaching tools (e.g., Oades & Crowe, 2008; Onifade, 2011) that facilitate narrative identity reconstruction may have particular value.

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Appendix B

Published manuscript

Narrative Identity Reconstruction as Adaptive Growth During Mental Health Recovery: A Narrative Coaching Boardgame Approach.

Kerr, D. J. R., Deane, F. P., & Crowe, T. P. (2019). Narrative identity reconstruction as adaptive growth during mental health recovery: A narrative coaching boardgame approach. *Frontiers in Psychology* 10: 994. doi: 10.3389/fpsyg.2019.00994

frontiers in Psychology

CONCEPTUAL ANALYSIS
published: 08 May 2019
doi: 10.3389/fpsyg.2019.00994

Narrative Identity Reconstruction as Adaptive Growth During Mental Health Recovery: A Narrative Coaching Boardgame Approach

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Objective: The purpose of this paper is to construct a conceptual framework for investigating the reconstruction of narrative identity in mental health recovery from a complexity perspective. This conceptual framework provides the foundation for developing a health boardgame to facilitate narrative identity reconstruction.

Methods: A selective integrative review of the theoretical and empirical literature relevant to narrative identity reconstruction in recovery was conducted. Sources included books, dissertations, internet resources, and professional journals.

Findings: The reviewed material provides a conceptual framework that offers an enriched understanding of narrative identity reconstruction in recovery as a process of adaptive growth. It identifies the Hero's Journey, the life story model of identity (LSMI), and intentional change theory (ITC) as particularly relevant in informing strategies for narrative identity reconstruction. The conceptual framework can be operationalized in a narrative coaching treatment approach using a boardgame.

Conclusion and Implications for Practice: In practice, mental health professionals could use the narrative coaching boardgame to facilitate people's adaptive change with a focus on building skills to reconstruct their preferred narrative identity and foster hope. Future research should explore what aspects of narrative identity and non-linear dynamic processes of change are most important in people's recovery narratives and in particular these processes can be assessed in response to the use of the boardgame.

Keywords: mental health recovery, complex adaptive system, narrative identity, narrative coaching, serious game (boardgame)

OPEN ACCESS

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Specialty section:
This article was submitted to Psychology for Clinical Settings, a section of the journal Frontiers in Psychology

Received: *19 November 2018*
Accepted: *15 April 2019*
Published: *08 May 2019*

Citation:
Kerr DJR, Deane FP and Crowe TP (2019) Narrative Identity Reconstruction as Adaptive Growth During Mental Health Recovery: A Narrative Coaching Boardgame Approach. Front. Psychol. 10:994. doi: 10.3389/fpsyg.2019.00994

INTRODUCTION

Mental health recovery refers to the idea that people with severe and persistent mental illness can pursue psychological wellbeing beyond the limitations of chronic illness (Anthony, 1993; Rogers et al., 2005; Slade and Longden, 2015). Recovery is comprised of various components and processes such as building hope, taking responsibility, gaining a sense of control in life, and building a positive identity (Andresen et al., 2006). Reconstructing narrative identity, to address the loss of sense-of-self and identity that often occurs in mental illness, is a key task for people in recovery (Wisdom et al., 2008). Narrative identity refers to the internal, evolving life story that

individuals construct by integrating stories related to their past, present, and future to provide their lives with unity, meaning, and purpose (Bauer et al., 2008). Narrative identity reconstruction entails the formation of an agentic identity where illness is redefined as only one aspect of a complex, multi-dimensional, evolving self that can intentionally choose to pursue wellbeing in recovery. It is a process of change characterized by personal transformation and adaptive growth (Davidson et al., 2005).

Recovery and the key task of narrative identity reconstruction can be understood from a narrative constructivist perspective. In this view, the individual is a self-in-process, ever-changing and adapting to internal and external environmental demands and storytelling is a fundamental process of human functioning (Bruner, 1987, 1991; Mahoney, 1991). As people evolve, so their stories may evolve and thus their narrative identity is open to change (McAdams, 1985; Ricoeur, 1991). The individual can be viewed as a complex adaptive system (Butz, 1997; Rickles et al., 2007; Pincus et al., 2018). This term refers to the complex non-linear nature of the individual, the adaptive evolutionary manner of personal change, and the interconnectedness of the various parts that comprise the individual as a system (Guastello and Liebovitch, 2009). Recovery processes are by nature non-linear as part of human adaptive growth (Deegan, 2001; Onken et al., 2007; Slade, 2010) and are thus highly amenable to being considered from a complex adaptive system perspective.

Non-linear change in recovery is poorly understood and is a difficult concept to apply in recovery-oriented healthcare. A need exists for novel approaches that focus on investigating those processes (Sturmberg, 2016; Graci et al., 2018). Linking narrative identity reconstruction to the complex processes of adaptation and adaptive growth may be a fruitful approach (Rudnick, 2012). A complexity approach considers the often unpredictable and erratic nature of non-linear change processes in life transitions as normal and natural. It can assist people to understand and harness those processes as part of making transitions, leading to adaptive growth and wellbeing in recovery (Bussolari and Goodell, 2009).

Narrative identity reconstruction as a process of adaptive growth can be understood and facilitated by treatment approaches that are strengths-based and target factors involved in non-linear dynamic functioning (Mobus and Kalton, 2015). One such approach is narrative coaching. Narrative coaching is a person-centered, transformational intervention approach that is often focused on identity. It is practical in orientation and commonly utilizes literary metaphors, models, and tools as means to facilitate personal change (Drake, 2010, 2018). A coaching tool in the form of a serious game (boardgame) may have particular salience for narrative identity reconstruction. The term "serious game" refers to games that, while entertaining, model real-life situations and/or have a useful outcome. They aim to promote learning objectives in an engaging and enjoyable manner (Abt, 2002; Fitzgerald and Kirk, 2013). Boardgames are often narrative in design, use a metaphorical approach (Lelardeux et al., 2013), focus on identity, and allow players to experiment with new ways of responding to challenges and explore possible identities (Treher, 2011). They also have the capacity to operationalize complex concepts in a simple manner (Salen and Zimmerman, 2004; Fullerton, 2018).

The main focus of this paper is narrative identity reconstruction during recovery from severe and persistent mental illness. It outlines a conceptual framework in which theories and models related to recovery as a complex process of adaptive growth are integrated in a narrative coaching treatment approach, using a boardgame as a coaching tool. The conceptual framework is underpinned by the common theme of non-linear phenomena, with close alignment between the theories and models outlined (see **Table 1**). Theoretical integration is operationalized in the boardgame (see **Table 2**). Narrative coaching to facilitate narrative identity reconstruction is a novel treatment approach in recovery and is aligned with improving wellbeing in patients with chronic conditions. The narrative coaching approach outlined is transdiagnostic and intended for use across common mental disorders. It is transdiagnostic as it targets people's style of narrative processing (i.e., narrating and interpreting life experiences) that underlies their personal agency. The treatment aim is to facilitate agentic narrative identity reconstruction aligned with mental health and psychological wellbeing in recovery. This approach is aligned with a key advance in the area of treatment for mental disorders, where transdiagnostic dimensions can be understood and targeted in interventions (Krueger and Eaton, 2015; Eaton, 2017; McGorry et al., 2018).

The significance of the paper is that it provides a way of integrating concepts and theories with the common theme of adaptive growth (non-linear phenomena) in narrative identity reconstruction during mental health recovery and, further, creates a framework for practically assisting clients to author their preferred narrative identity. This is important as narrative identity reconstruction is a key task in recovery. It is part of attaining psychological wellbeing, which is linked to improved recovery rates and positive outcomes across a wide range of life domains (e.g., education, employment, relationships, health) (Friedli, 2009). The paper is original in that, first, recovery concepts and theories with the common theme of non-linear phenomena do not appear to have been previously integrated in a conceptual framework, and, second, the use of narrative coaching (with a boardgame coaching tool) to facilitate narrative identity reconstruction is a novel treatment approach to promote wellbeing in recovery. The paper will be of interest to mental health professionals, people in recovery, and researchers. For practice it offers a way for mental health professionals to facilitate their clients' narrative identity reconstruction in recovery. Future research could focus on further clarifying the most important elements of narrative identity reconstruction and non-linear dynamic processes involved in people's recovery narratives.

MENTAL HEALTH RECOVERY: A JOURNEY OF ADAPTIVE GROWTH AND TRANSFORMATION

Mental health recovery as the pursuit of wellbeing despite chronic illness is a personal journey of healing and transformation in

TABLE 1 | Alignment between theories and models in an integrative conceptual framework for narrative identity reconstruction in mental health recovery.

Hero's journey (mental health recovery metaphorical journey)	Life story model of identity (LSMI) (narrative identity)	Intentional change theory (ICT) (personal change model)
Conceptualization of self		
Narrative constructivist complex adaptive system	Narrative constructivist complex adaptive system	Narrative constructivist complex adaptive system
Structure of narrative identity		
Story stages and plot-points	Storytelling elements	Sequence of change tasks
Goal underlying personal change		
Attain a valued outcome	Attain purpose and meaning	Attain a personal life vision
Personal change characteristics		
Internal/external challenges	Competing selves/stories	Internal/external barriers
Personal change mechanism		
Using inner attributes	Narrative processing	Mindfulness
Personal change process		
Non-linear dynamical	Non-linear dynamical	Non-linear dynamical
Nature of narrative identity reconstruction		
Emergence of heroic self	Evolving life story	Emergence of ideal self
Identity change outcome		
Transformation of identity	Preferred narrative identity	Realization of ideal self

which the focus is on wellness and the fulfillment of people's potential rather than the treatment of illness. Recovery can be a journey of self-discovery and personal growth (Slade, 2009; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). By nature, the journey is multidimensional and non-linear with diverse trajectories and an interplay of complex characteristics as part of human adaptive growth (Deegan, 2001; Slade, 2010). It is an intentional, self-directed, sustained endeavor that builds on hope, personal strengths, and valued goals and is characterized by a growing sense of agency where the individual accepts the limitations of illness and discovers a new world of possibility (Deegan, 1996; Drake and Whitley, 2014). In transformational personal change, the individual shifts from a passive to active sense of self. This often entails a rediscovery of self where the individual develops an enhanced ability to reflect on life experiences, learn from them, and take novel action. This is an adaptive process and is considered the essence of recovery (Glover, 2012). Recovery is aligned with a constructivist epistemological perspective. This approach prioritizes subjectivity, the non-linear dynamic processes inherent in personal change, transformation of the self, and the fulfillment of personal potential (Mahoney, 1991; Mahoney and Granvold, 2005; Slade, 2012).

Recovery is narrative in character. Creating individual recovery stories aligned with wellbeing and positive identity is central to mental health recovery (Nurser et al., 2018). Authoring a personal recovery story tends to be an empowering and healing experience for the narrator. People in recovery have the power to tell new stories that will help them overcome adversity and move forward in their recovery (Brown and Kandirikirira, 2007). Their stories are often inspirational and serve to inculcate hope and possibility in others for successful recovery (Kirkpatrick, 2008; Shepherd et al., 2008). A common core narrative in people's recovery stories is the "quest," which reframes the experience of illness as an opportunity to undergo personal transformation and attain wellbeing through overcoming difficulties and finding renewed purpose and meaning in life (Frank, 1995). This is an ongoing, redemptive journey in which the individual's life story shifts from one of chronic disability and stagnancy to a much more complex and dynamic life story (Ridgway, 2001; McAdams and McLean, 2013).

The core "quest" narrative is encapsulated in the hero's journey (Campbell, 1968) literary metaphorical framework often used in recovery (Lamprell and Braithwaite, 2016; Scottish Recovery and Network, 2016; Foundations Recovery Network, 2018). The hero's journey is an archetypal quest story referring to both males and females in which the individual as story protagonist undertakes a journey to address a pressing life issue, overcomes internal and external challenges along the way, and in doing so potentially undergoes personal transformation including a changed identity from being a victim to that of a hero (Booker, 2006; Williams, 2017). The hero is an ordinary individual, often an underdog, who finds the courage, resilience, and strength to persevere and endure despite obstacles and setbacks (Allison and Goethals, 2014). The hero's journey epitomizes the idea that challenges routinely arise in people's lives and the way that they process and respond to those challenges can mean the difference between poorer or better mental health (Robertson and Lawrence, 2015). The person as protagonist on the hero's journey gains an understanding that challenges in life are to be embraced rather than avoided and that positivity may be found in moments and experiences perceived as negative (Allison and Goethals, 2017). The hero's journey is a compelling metaphor for recovery as it encapsulates the challenges and tests of fortitude

TABLE 2 | An overview of the coaching boardgame designed to facilitate narrative identity reconstruction.

Steps in the game (Hero's journey storyline)	**Challenges at each step** (Life story model of identity)	**Coaching process** (Intentional change theory)
1 The Call Protagonist recognizes a pressing life issue that must be faced and decides to embark on a journey to address it.	**Preferred identity** *Narrative identity challenge:* Clarify your journey direction and practice the skills you will use along the way.	**Game preparation** Psychoeducation. Coaching goal chosen. Values clarification. Ideal self conceptualization. Mindfulness skills training.
2 Threshold Protagonist leaves his/her comfort zone and engages in the recovery journey.	**Underlying beliefs** *Narrative identity challenge:* Choose beliefs that could best support you on your journey.	**Game play** The game-playing mechanism is a five-step reflexive question sequence protocol used at all narrative identity challenges:
3. Road of trials Protagonist is fully engaged in the journey and is tested in the process.	**Dominant attitude/s** *Narrative identity challenge:* Choose what attitude/s could best support you on your journey.	• How would your ideal self address this challenge?
4. Setback Protagonist is faced with a significant obstacle that must be overcome to make progress.	**Story turning points** *Narrative identity challenge:* Identify a possible main setback on your journey and consider how you could overcome it.	• How is that different from the way you would currently address this challenge?
5. Rising action Protagonist is immersed in the journey and faces many competing demands.	**Managing aspects of self** *Narrative identity challenge:* Identify your life roles and consider how to manage them on your journey.	• What qualities/strengths that you have, could you draw upon to address this challenge?
6. Climax Protagonist must overcome his/her main personal limitation to succeed.	**Story high point** *Narrative identity challenge:* Identify your main personal limitation on the journey and consider how to address it.	• What archetypes and qualities/strengths could you draw upon to address this challenge?
7. The return Protagonist is changed as a person, and shares his/her learnings with others.	**Personal growth** *Narrative identity challenge:* Reflect on your journey learnings and consider how to use them beyond the game.	• Pause and reflect. Based on the above discussion, what action/s can you take to address the challenge? (i.e., support those beliefs; support those attitudes; overcome that setback; manage your life roles; overcome your personal limitation; use your learnings).

experienced by people on their recovery journey (Watkins, 2007). It places consumers as the leading protagonist in their recovery journey, enabling them to become active agents in their lives and establish new identities (O'Hagan, 2012). The hero's journey can be used as a narrative coaching or therapy tool that can be easily learnt and may be used as a scaffold for recovery (Hartley, 2010; Robinson, 2010).

The hero's journey is aligned with the strengths model of mental health care whereby people take personal responsibility for their recovery and draw on their inner resources to effect positive change in their lives (Rapp and Goscha, 2012). It is also aligned with a posttraumatic growth approach whereby people who encounter psychological difficulties following adversity often find inner strengths and abilities previously unknown and experience a positive change in self-concept (Niemeyer, 2004; Tedeschi and Calhoun, 2004).

NARRATIVE IDENTITY RECONSTRUCTION: MULTIPLE SELVES, STORIES, AND POSSIBILITIES

Mental illness often results in people experiencing a sense of loss of self that must be addressed for recovery to become possible (Wisdom et al., 2008; Yanos et al., 2010). The task is for individuals to redefine themselves, to reconstruct a preferred identity aligned with mental health and wellbeing (Slade, 2010). In the transformative process of identity reconstruction, the person gradually sheds the old self and embraces an emergent new sense of self characterized by a more stable and positive identity (Deegan, 2001; Wisdom et al., 2008).

Given that recovery and identity might be seen as narrative, the focus is frequently on narrative identity reconstruction (Bianco, 2011; Nurser et al., 2018). Severe mental illness often drastically diminishes people's ability to narrate their life story (Gallagher, 2003). Crises of identity, experienced as trauma and personal loss, can undermine the sense-of-self by disrupting the patterns of narrative coherence that are central to a person's self-concept (Mackenzie, 2008). Constructing a meaningful narrative of self and disorder that promotes recovery is a crucial aspect of identity reconstruction. The challenge for people is to tell stories about their lives in which they are a protagonist characterized by empowerment and agency (Lysaker et al., 2001). Narrative identity reconstruction is based on a view of stories as dynamic, ever-changing, and evolving processes. People's stories are continually being constructed in interaction with others and the world and are thus provisional and open to change and revision (Mackenzie, 2008). This is important because it allows people to intentionally change and evolve their stories in the pursuit of mental health and wellbeing. People's stories about their lives

are a predictor of psychological wellbeing. Narrative identity has incremental validity in research where it has a stronger relationship with mental health than other common predictors (e.g., gender, personality traits, income) (Adler et al., 2016).

One of the most widely used theories of narrative identity is the life story model of identity (LSMI) (McAdams, 1985, 1993, 2001, 2013, 2018). The LSMI views narrative identity as a person's internalized and evolving life story that is comprised of smaller stories of a person's experiences in various life domains (e.g., work, health, relationships). These stories intersect and, in turn, are filled with micro-stories of specific events. The individual's life story is a cognitive script arranged in a temporal sequence complete with setting, characters, plots, scenes, and themes. Thus, it is complex and dynamic, comprised of multiple stories of the self. Narrative identity can be viewed as a personal myth, in which people make sense of themselves and their lives by creating an imaginary heroic story of self. This includes the use of archetypes (e.g., Warrior, Sage), which are universal story characters with attributes (e.g., courage, wisdom) that can be expressed outwardly in a person's life. The individual can intentionally call upon archetypal inner resources to facilitate the construction of preferred narrative identity.

Higher levels of personal agency (the feeling of being in control of one's life) in narrative identity are strongly associated with better mental health and psychological wellbeing (Brown, 2008; Adler et al., 2016). For example, Adler (2012) conducted a longitudinal study of 47 adults undergoing therapy in which participants wrote personal narratives and completed mental health assessments over the course of 12 therapy sessions. It was found that the themes of agency in participants' stories increased over time, that mental health increased, and that agency and mental health were related. Increased agency appeared in participants' stories before their mental health improved, and this was likened to participants putting put out a new version of themselves and living their way into it. Davidson and Strauss (1992) conducted interviews over 3 years with 66 persons struggling to recover from prolonged psychiatric disorders. It was found that the reconstruction of an enduring sense of self as an active, dynamical, and responsible agent provides an important aspect of improvement. Identity reconstruction was seen as a process involving (a) awareness of a more agentic sense of self, (b) taking stock of one's strengths and limitations, (c) putting aspects of the self into action, and (d) using this enhanced sense of self as a resource in recovery. Cochran and Laub (1994) conducted an in-depth small-n qualitative study with people who had undergone psychological trauma resulting from injury. Participants' initially assumed a victimic identity, but during treatment regained an agentic identity. Participants developed an understanding of themselves as active agents in charge of their lives, able to choose goals and actively direct their activities to achieve them. Identity reconstruction was held to be a correlated movement of the progressive construction of a new agentic life story and detachment from the victim story.

Agency enables people to play a part in their own adaptive growth (Bandura, 2001; Little et al., 2006). Agency is linked to the way that people reflect on their actions in their evolving life story and the sense of choice they experience when considering how to respond to life demands (Adler, 2012). This leads to a sense of control in life in which they are more likely to pursue valued goals and outcomes. There is often dramatic insight into the meaning of life and identity, with the person experiencing a transformation in self-awareness and self-understanding (McAdams, 1985).

Agentic narrative identity is comprised of a narrative agentic self within an agentic plot. The narrative agentic self is a protagonist who intentionally sets goals, strives to achieve those goals, overcomes obstacles, and actualizes ideals. The narrative agentic plot is an ongoing composition that shapes the individual's evolving life-story (Polkinghorne, 1991, 1996; Cochran and Laub, 1994). It is constantly updated as the individual makes decisions and takes actions in response to life demands (Little et al., 2006). Agentic narrative identity can be taught and learned by the use of models focused on adaptive growth. Models provide inspiration and motivation, portraying a path from the confines of what is to the possibilities of what might be. Cochran and Laub (1994) provide a guide for enhancing personal agency in narrative identity, as follows: (i) study an agentic model with which one can identify; (ii) use storytelling, to imaginatively explore and rehearse the possibilities of the model; (iii) learn skills to move from imagination to enactment in real life.

Agentic narrative identity is aligned with the notion of possible selves, a useful approach in recovery where the individual explores alternative future identities and outcomes in life (Markus and Nurius, 1986; Slade, 2009). Desired possible selves (Tse and Zhu, 2013; Bak, 2015) and desired future narratives (MacLeod and Conway, 2007; Sools et al., 2015) are linked to better outcomes in mental health. The possible self is an imaginary conception of the individual's future self that encompasses cognitive representations of the person's hopes, fears, and fantasies (Hoyle and Sherrill, 2006; Erikson, 2007; Slade, 2009). A desired possible self is a behavioral blueprint that motivates the individual, guides behavior in relation to desired outcomes in life, and promotes integrated narrative identity (Cross and Markus, 1991; Singer, 2004; Frazier and Hooker, 2006). An agentic possible self is one that intentionally pursues a preferred identity aligned with valued goals and outcomes (Cochran and Laub, 1994). In a narrative constructivist approach to mental health recovery, the possible self is one of a person's multiple selves and stories (e.g., current, ideal), any of which may be dominant at a given time in a given context (Mahoney, 1991; Mahoney and Granvold, 2005; Bianco, 2011). The possible self must compete with co-existing identities that are mutually reinforcing, in tension, contradictory, and incompatible (Davidson et al., 2005). Multiplicity of selves can reinforce mental health difficulties or contribute to a healthy sense-of-self aligned with mental health and psychological wellbeing (Koch and Shepperd, 2004). Mental health presupposes an integrated narrative identity with a diversity of selves and stories existing in relative harmony and co-operation (McAdams, 1985; Singer, 2004).

Constructing narrative identity as an active process involves the use of narrative processing. This refers to the filtering of life experiences through a template where people perceive, select, and plot their lives using narrative devices such as

imagery, characters, plot, goals, and underlying morals or themes (Sarbin, 1986; Singer and Bluck, 2001; Singer, 2004; Riessman, 2008). Autobiographical reasoning is also used and refers to the meaning that people make of their created narratives (Habermas, 2011). The person's point of view (e.g., agent, victim) in narrative processing is critically important. How the person makes sense of a life experience and acts on it will emerge from that point of view (Park and George, 2013). Optimal mental health and psychological wellbeing are associated with transformational narrative processing where the person openly explores difficult life experiences, finds a positive ending to these challenges, and grows from the experience (Pals and McAdams, 2004). Transformational processing is contrasted with ruminative processing, in which the person is unable to let go of old selves and goals (King, 2001; Pals and McAdams, 2004; Pals, 2006a,b; Whitehead and Bates, 2016).

THE NARRATIVE CONSTRUCTIVIST SELF IN RECOVERY: COMPLEX CHANGE AND ADAPTIVE GROWTH

The narrative constructivist self in recovery as a complex adaptive system is an open system, intelligent, meaning-making, intentional, proactive, ever-changing, adaptive, and ever-evolving. It is a self-in-process, in a constant state of flux and becoming, underpinned by non-linear dynamical processes of human functioning. The self is inherently growth-seeking and is teleonomic (self-driven) rather than teleological (goal-driven) (Mahoney, 1991; Niemeyer, 1993; Perna and Masterpasqua, 1997; Chamberlain, 1998). Personal growth, development, and transformation are inherent in the change processes of the narrative constructivist self and individuals are viewed as active participants in their own lives (Mahoney and Granvold, 2005). This perspective is a helpful model of self when applied to mental illness since it opens up the possibility of adaptive growth in relation to the challenges inherent in the recovery journey (Slade, 2009).

Adaptive growth as part of personal change in recovery involves both first-order, developmental (gradual) growth and second-order, transformational (abrupt) change (Gelo and Salvatore, 2016). Adaptive growth is constrained or facilitated by people's potential to respond adequately to internal and/or external challenges (Mahoney and Marquis, 2002). From a complex adaptive systems perspective humans have inherently high levels of adaptive capacity, which allows them to proactively shape their life-course rather than just respond in a reactive manner to challenges. This affords them a sense of personal agency and identity (Little et al., 2006). People can enhance their adaptive capacity by engaging in personal growth exercises such as developing creative flexibility in decision-making and problem-solving (Mahoney and Granvold, 2005; Mobus and Kalton, 2015).

In relation to mental health recovery, psychopathology is a dynamical system state of equilibrium where people's habitual patterns of functioning interfere with their everyday functioning and undermine wellbeing (Mahoney and Marquis, 2002). System destabilization is a requisite for adaptive growth as the person's functional pattern will continue unless challenged. For system reorganization to take place, old functional patterns must be altered or replaced. Optimal functioning and better mental health entail a turbulent balance between stability and instability as well as order and disorder in which the person is stable yet flexible and agile, trying novel responses to find the most adaptive system state to meet internal and/or external environmental demands (Salvatore et al., 2015; Gelo and Salvatore, 2016). The main characteristic of adaptive growth in complex adaptive systems is multiplicity of possible outcomes, where an individual can explore and choose behavior in response to demand (Plsek and Greenhalgh, 2001).

Intentional change theory (ICT) (Boyatzis, 2006; Boyatzis and McKee, 2006) is a model for sustainable personal change aligned with the concept of adaptive growth that may also be used to facilitate narrative identity reconstruction. ICT is a self-directed learning framework that uses the lexicon of complex adaptive systems to describe personal change. The goal is for the individual to attain a desired ideal self (e.g., preferred narrative identity) in the context of pursuing an affectively compelling personal life outcome. The ICT change process entails movement through a sequence of five challenge steps in which the person answers a series of questions that, when successfully addressed, facilitates construction of the ideal self. Movement is from a current, undesired state-of-being (current self) which functions as a *negative emotional attractor* (i.e., habitual pattern of functioning) to a desired state-of-being (ideal self) which is a *positive emotional attractor* (i.e., novel pattern of functioning). This is a transformative shift in the individual that may be viewed as second-order change (Gelo and Salvatore, 2016). Mindfulness is viewed as a central change mechanism with the aim of raising a person's awareness in order to intentionally engage in desired personal change. It is theorized that by increasing people's understanding of the complex nature of personal change, they learn to harness the processes rather than fear or misunderstand them (Boyatzis and McKee, 2006).

NARRATIVE COACHING: AGENTIC IDENTITY IN THE MAKING

The shift from a pathology orientation of illness and disability in recovery to a focus on mental health and psychological wellbeing has resulted in the use of positive, strengths-oriented interventions such as narrative coaching (Bora, 2010; Bora et al., 2010; Slade, 2010; Cavanagh and Buckley, 2014). Narrative coaching is aligned with identity reconstruction in that it is an experiential approach that assists people to revise their personal narratives to gain fresh perspectives, pursue novel possibilities, and attain desired outcomes in life. Narrative coaching helps people become more aware of their choices in life which in turn provides an opportunity for them to intentionally author the multiple stories that comprise their narrative identity and help transform their illness narratives into healing ones (Drake, 2010, 2017, 2018).

Transformational identity change in narrative coaching can be facilitated by the use of reflexive questioning which facilitates the person's ability to think about his or her own belief systems and make new connections. This process focuses on getting a person to investigate their interactions via introspection as they happen (differentiated from reflective thinking, which refers to thinking following action). Reflexivity encourages people to question their attitudes, thought processes, values, assumptions, prejudices and habitual actions, strive to understand their life roles, and appreciate how they influence their actions (Oliver, 2005). Reflexive coaching questions are an essential tool to facilitate self-awareness and assist individuals to reframe difficulties in a novel manner and find solutions to their problems (Hawkins and Smith, 2014).

Narrative coaching often involves the use of coaching tools to facilitate personal transformation (Biswas-Diener, 2010; Boniwell et al., 2014). Serious games are increasingly used in coaching, and this includes the use of boardgames. Their focus on identity and exploring possible identities makes them highly relevant for narrative identity reconstruction in recovery. Agency is a critical factor in boardgames, where players experience choice of response and a sense of control over the game's outcome (Fullerton, 2018). This allows them to develop new concepts of self and the world and learn new, adaptive skills that they can use in real life (Mitgutsch, 2011). This is part of game-based learning in which the person develops a mental model that matches the game system which, in turn, models a real-world system (Wasserman and Banks, 2017).

HERO'S RECOVERY JOURNEY BOARDGAME: A CRUCIBLE FOR ADAPTIVE GROWTH

Based on the theoretical and practical models outlined above we have developed a boardgame designed to facilitate people's narrative identity reconstruction in recovery. The boardgame is designed to be used as a tool as part of narrative coaching. The boardgame (titled, "*Heroes and heroines: The recovery journey boardgame*") is an immersive role-play experience designed to be a crucible for people's adaptive growth in recovery. The boardgame integrates game elements that represent the key components of mental health recovery, narrative identity reconstruction, and complex adaptive systems. This encompasses simple rules, board, avatar, game-playing guide, and playing cards that are carefully selected, operationalised, and integrated. ICT is used as the narrative coaching framework, the LSMI (McAdams, 1985) is used to represent narrative identity challenges within the hero's recovery journey storyline, and a reflexive coaching style (Oliver, 2005) embedded with applied mindfulness skills (Langer, 2000) is used as the game-playing mechanism (method used by player and coach to interact with the game world). The boardgame is based on established principles of game design that includes detailed conceptualization and iterative play-testing (i.e., test, analyze, refine, repeat) followed by a pilot program to ensure the game achieves its intended aim (Salen and Zimmerman, 2004; Adams, 2014; Schell, 2014; Fullerton, 2018).

The boardgame simulates the hero's journey (Campbell, 1968). It is a model-representation of the hero archetype (agentic self) within a hero's journey storyline (agentic plot) in which the player as protagonist engages in his or her own hero's recovery journey in pursuit of a valued real-life goal (personal life vision). The purpose of the game is for the person to shift from an undesired current self narrative identity (ICT *negative emotional attractor*) (i.e., habitual pattern of functioning) to a preferred ideal self narrative identity (ICT *positive emotional attractor*) in relation to the chosen goal. Players traverse a sequential agentic storyline consisting of hero's journey steps (e.g., Threshold; Road of Trials) by completing narrative identity challenges (e.g., choosing helpful beliefs and attitudes that support goal attainment) that represent important components of narrative identity. Once players complete a narrative identity challenge, they move on to the next storyline step until all the steps in the game are completed. In completing the journey, players construct a preferred narrative identity and potentially experience personal transformation. Players also learn about the complex processes of adaptive change and how they might be harnessed in recovery. Simple metaphors are used to explain the complex non-linear processes involved in personal change. For example, attractors are explained as habitual behavioral routines and are referred to metaphorically as "life-magnets" where the person is "pulled" repeatedly in a given direction, and the aim is to create a new desired ideal self attractor "life-magnet" to replace the current self attractor.

The game-playing mechanism, used iteratively at the narrative identity challenges, is a critical component of the game. Players engage in a coaching question sequence at each step in the game where they consider (1) how they as their ideal self might address the challenge, (2) how that differs from their current self response, (3) what known personal strengths/qualities they could draw upon to meet the challenge, (4) what agentic archetypal inner attributes they can draw upon, and (5) what action they could take to meet the challenge. Players use applied mindfulness skills in the question sequence in which they engage in an adaptive process of experimentation, engaging in novel ways of thinking (i.e., agentic ideal self perspective) to search for the best solutions to address the challenge. Players refer to a set of agentic archetype cards (i.e., Warrior, Sage, Adventurer) to consider which archetypal strengths/qualities they could draw upon to meet the challenge. For example, the player might choose the Warrior to meet a given challenge and must consider which of the related attributes of skill, courage, discipline, and determination might be used. The iterative, reflexive coaching process promotes in-depth consideration of agentic attributes and how they might be used. In considering agentic attributes and experimenting with related agentic responses to the challenges, players engage in transformational narrative processing where they can shift from a victim identity to an agentic identity. Moving from step to step in the game, as narrative identity challenges are completed, players learn an agentic cognitive schema (hero's journey) and script (personal change process) which is potentially internalized in their narrative identity reconstruction. This is the mindset and cognitive skills of the everyday hero who, above all, has the adaptive capacity to overcome difficulties and

attain success on his or her journey. In line with game-based learning, it is envisaged that the transformative nature of the coaching intervention will translate into real-life skills for use beyond the boardgame.

CONCLUSION

Using a narrative coaching treatment approach aligned with complex change processes inherent in adaptive growth provides an integrated framework (see **Table 1**) that may be of value in understanding and facilitating narrative identity reconstruction as part of psychological wellbeing in recovery. The development of a boardgame to facilitate narrative identity reconstruction has several research and practical implications. Future research should explore what aspects of narrative identity and non-linear dynamical processes of change are most important in people's recovery narratives, with a view to assisting them to strengthen and leverage those aspects of self in constructing a preferred narrative identity. In practice, mental health professionals could use the game to engage their clients in recovery, offer a model of adaptive change that normalizes the often irregular and uncertain journey of recovery, assist clients to build skills to reconstruct their preferred narrative identity, and foster their hope for a journey toward wellbeing and the fulfillment of their potential.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct and intellectual contribution to the work, and approved it for publication.

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Conflict of Interest Statement: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Appendix C

Study 1

Ethics Approval

University of Wollongong

INITIAL APPLICATION APPROVAL
In reply please quote: EWCJ HE10/409
Further Enquiries Phone 4221 4457

24 February 2011

Mr Douglas Kerr
PO Box U251
University of Wollongong 2522

Dear Mr Kerr,

Thank you for your response dated 21 February 2011 to the HREC review letter dated 2 December 2010, of the application detailed below. I am pleased to advise that the application has been approved.

Ethics Number:	HE10/409
Project Title:	Multiple selves, multiple stories: The complex journey of recovery A complex adaptive systems perspective of the reconstruction of narrative identity in recovery from mental illness
Researchers:	Mr Douglas Kerr, Dr Lindsay Oades, Dr Trevor Crowe
Approval Date:	24 February 2011
Expiry Date:	23 February 2012

The University of Wollongong/SESIAHS Humanities, Social Science and Behavioural HREC is constituted and functions in accordance with the NHMRC *National Statement on Ethical Conduct in Human Research*. The HREC has reviewed the research proposal for compliance with the *National Statement* and approval of this project is conditional upon your continuing compliance with this document. As evidence of continuing compliance, the Human Research Ethics Committee requires that researchers immediately report:

- proposal changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- unforseen events that might affect continued ethical acceptability of the project.

You are also required to complete monitoring reports annually and at the end of your project. These reports are sent out approximately 6 weeks prior to the date your ethics approval expires. The reports must be completed, signed by the appropriate Head of School, and returned to the Research Services Office prior to the expiry date.

Yours sincerely

A/Professor Garry Hoban
Chair, Human Research Ethics Committee

cc: Dr Lindsay Oades, Sydney Business School, Innovation Campus

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Appendix D

Study 1

Participant Recruitment Form

PARTICIPANT INFORMATION SHEET

TITLE OF RESEARCH PROJECT

Multiple selves, multiple stories: The complex journey of recovery

A complex adaptive systems perspective of the reconstruction of narrative identity in recovery from mental illness

PURPOSE OF THE RESEARCH

The research being conducted is part of a PhD project associated with the School of Psychology. This study will investigate the story of your journey in recovery from mental illness.

INVESTIGATORS

- Douglas Kerr (Researcher), School of Psychology, University of Wollongong (02) 4221 4513, djk712@uowmail.edu.au
- Dr Lindsay Oades (Principal Supervisor), Sydney Business School: 0439625868, loades@uow.edu.au
- Dr Trevor Crowe (Second Supervisor), Illawarra Institute for Mental Health: (02) 4221 3147, tcrowe@uow.edu.au

REQUIREMENTS FOR PARTICIPANTS

If you choose to participate, you will be asked to participate in an interview regarding the journey of recovery from mental illness. The interview will last a maximum of one-and-a-half hours. Subsequently, over the space of a few months, you will be asked to meet briefly with the researcher occasionally (maximum four meetings of approximately half-an-hour each) to give feedback on the development of a recovery conceptual model and narrative coaching visual tool for practical use in recovery based on the findings of the research project.

INTERVIEW/MEETING PROCEDURE

At the initial interview, the researcher will ask you to tell the story of your recovery journey and ask you a number of questions. An interview guide (attached) will be used for this purpose. Essentially, you will have the opportunity to tell your story of recovery. This will include giving a few details about yourself and your background, and then telling the story of your recovery. The researcher's questions will be related to various aspects of your journey (e.g., the onset of illness, how you coped, what was helpful/unhelpful to you on your journey, the highs and lows, your relationships with others during that time). The interview format is relaxed and informal, and although there will be specific questions the researcher will ask you will be encouraged to tell your story in full and in as much detail as possible. The interviews will be digitally recorded on tape recorder and then fully transcribed in typed document. You will be given a copy of the transcription, so that any corrections or further comments may be made. The text data will be analysed manually. You will then have the opportunity to participate in follow-up meetings regarding the findings. Subsequent meetings will be similarly relaxed and informal. You will be shown a conceptual map and a narrative coaching tool the researcher is developing from the research findings, and asked to comment on them with regard to their

usefulness and user-friendliness. The researcher values your opinion and, in the collaborative spirit of recovery, will revise and refine the model and coaching tool based on the feedback that you and other participants give.

POSSIBLE RISKS AND INCONVENIENCES

It's possible that telling the story of your recovery journey may bring back unpleasant memories and be a bit emotionally distressing. If you feel any discomfort at any time, please report this to the researcher. If necessary, you will be referred to appropriate counselling services for free. Your involvement in the study is voluntary and you may withdraw your participation from the study at any time. If you withdraw from the study, any data that you have provided to that point will also be withdrawn. Refusal to participate in the study will not affect your relationship with the University of Wollongong.

AIMS AND BENEFITS OF THE RESEARCH

The study aims to investigate the reconstruction of narrative identity in recovery from mental illness from a complex adaptive systems perspective and, based on the findings, develop a narrative coaching visual tool for practical use in recovery.

There is no direct benefit to participants. However, talking about your successful recovery journey may enhance your sense of wellbeing and reinforce your gains. You may also feel good about your participation in a worthwhile study, that you may be helping others successfully negotiate the journey of recovery.

The study has benefit to the wider community. It is in accord with national and organisational policy, adds to the academic literature in an important area, and may yield practical benefit to consumers and mental health service providers.

CONFIDENTIALITY

The data collected from the research will be used primarily for a PhD thesis and may also be used in summary form for journal publication. Data collected from you will be stored securely on a password-protected computer in the office of researcher Douglas Kerr. Your confidentiality is assured as you will not be identified in any part of the research.

ETHICS REVIEW AND COMPLAINTS

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

Before the meeting begins, please feel free to ask the researcher if you have any questions about the research and/or procedures involved. Thank you for your interest in this study.

INTERVIEW GUIDE

Introduction to interview

Thank-you for meeting with me. I appreciate your participation. As you know, I'm interested in hearing the story of your journey of recovery from mental illness. In the interview, I will simply ask you to tell your story. Just tell me in your own words about your experience. Feel free to tell me anything you want about your experience. I may also ask you some questions related to your story.

Part 1: Background (10 minutes)

First, I'm interested to know a little bit about you. It will be helpful to know you better, in order to place your recovery story in the broader context of your life. Please tell me a little bit about yourself and your background. Just give me a broad overview. I may also ask you some questions related to your story.

PARTICIPANT TELLS STORY IN OWN WORDS. ASK PROMPT QUESTIONS AS NECESSARY, TO FILL GAPS AND ELICIT RICHER DETAIL.

- *What is your… Birthplace? Age? Ethnicity? Marital status? Occupation?*
- *Tell me about your… Family? Children?*
- *What are your… Hobbies? Interests?*
- *How would you describe yourself?*

Thank-you for sharing with me about yourself and your background. It's very helpful, and I appreciate it. Do you think there is there anything we've left out of your story at this stage? Is there anything else you would like to tell me that I haven't asked you?

Part 2: Onset of mental illness (10 minutes)

I'm also interested to know a little bit about your initial experience with mental illness. It will be helpful to know this, in order to place your recovery story in the broader context of your life.

PARTICIPANT TELLS STORY IN OWN WORDS. ASK PROMPT QUESTIONS AS NECESSARY, TO FILL GAPS AND ELICIT RICHER DETAIL.

1. *When did you first experience mental illness?*
2. *What was the diagnosis?*
3. *What was your initial reaction?*
4. *What was your understanding of what was happening?*
5. *How did you cope?*
6. *What were your life circumstances at the time?*
7. *How did it change your life?*
8. *Which areas of your life did it impact?*

9. *Which areas of your life were most impacted?*
10. *How did you deal with this?*

Thank-you for sharing with me about your initial experience of mental illness. It's very helpful, and I appreciate it. Do you think there is there anything we've left out of your story at this stage? Is there anything else you would like to tell me that I haven't asked you?

Part 3: Recovery (60 minutes)

As you know, the main focus of our interview is on your recovery journey and I would like to ask you about that now. Please describe your recovery experience in your own words, from the start of your recovery until the present. Feel free to tell me whatever you want, and I may ask you some questions as we go along and after your story.

PARTICIPANT TELLS STORY IN OWN WORDS. ASK PROMPT QUESTIONS AS NECESSARY, TO FILL GAPS AND ELICIT RICHER DETAIL.

11. *What do you understand by the term 'recovery'?*
12. *Please tell me briefly about your recovery journey in the following life areas: Family/ Intimate Relationships/ Parenting/ Social Life/ Work/ Education/ Recreation/ Spirituality/ Community Life/ Health*
13. *How did you balance/reconcile your life roles and their demands in recovery?*
14. *What obstacles did you face on your recovery journey?*
15. *How did you overcome those obstacles?*
16. *What was your biggest challenge in recovery?*
17. *Who was involved in your recovery?*
18. *Who was helpful in recovery?*
19. *Who was unhelpful in recovery?*
20. *What was helpful in recovery?*
21. *What was unhelpful in recovery*
22. *When did things start to improve for you?*
23. *What were the main turning points in your recovery journey?*
24. *What were the crucial decisions on your recovery journey?*
25. *What was your relationship like with the health system and team?*
26. *How did you feel about taking medication/ receiving therapy?*
27. *Did you ever feel like part of you wanted to get better but another part didn't?*
28. *How did you deal with that experience?*
29. *What was your progress like in recovery?*
30. *Did you ever have doubts about achieving successful recovery?*
31. *How would you describe your overall attitude in recovery?*
32. *What do you consider the single biggest factor in your successful recovery?*

33. *Looking back, how do you make sense of your mental illness and recovery?*
34. *What lessons have you learned on your recovery journey?*
35. *In what way/s did you change as a person on your recovery journey?*
36. *How would you describe yourself at this point in your life?*
37. *Is the way you see yourself now significantly different than it was in the past?*
38. *What are your goals for the future?*
39. *How do you feel about the future?*
40. *What advice would you give to others that might help them on their recovery journey?*

Thank-you for sharing with me about your recovery journey. It's very helpful, and I appreciate it. Do you think there is there anything we've left out of your story at this stage? Is there anything else you would like to tell me that I haven't asked you?

Part 4: Closure (10 minutes)

We're coming to the end of our interview now, and I just want to make absolutely sure we've covered everything we need to and that you've had the opportunity to tell me all that you want to.

- *Do you think there is anything we've left out of your story?*
- *Is there anything else you would like to tell me, that I haven't asked you?*
- *Do you feel you've given a fair picture of your recovery journey?*
- *What are your feelings about this interview and all that we have covered?*

Thank-you for sharing your story with me. It's been an important and meaningful experience for me, and I appreciate it. I will take the tape of our interview and transcribe it into a typed document. I will make sure you get a copy of the typed document for final approval and make any changes or corrections if necessary.

End of interview

CONSENT FORM FOR PARTICIPANTS

Project title: Multiple selves, multiple stories: The complex journey of recovery
A complex adaptive systems perspective of the reconstruction of narrative identity in recovery from mental illness

Researchers: Douglas Kerr, Dr Lindsay Oades, Dr Trevor Crowe

I have been given information about the study project 'Multiple selves, multiple stories: The complex journey of recovery'. I have been advised of the potential risks associated with this research, which include the possibility that being interviewed about my recovery journey could elicit unpleasant memories and be emotionally distressing, and have had an opportunity to discuss with Douglas Kerr any questions I have about the research and my participation.

I understand Douglas Kerr is conducting this research as part of a PhD project supervised by Dr Lindsay Oades and Dr Trevor Crowe in the School of Psychology at the University of Wollongong.

I understand that my participation in this research is voluntary, I am free to refuse to participate, and I am free to withdraw from the research at any time. If I withdraw from the study, data provided by me will also be withdrawn. My refusal to participate or withdrawal of consent will not affect my relationship with the University of Wollongong.

If I have any enquiries about the research, I can contact Douglas Kerr (02 4221 4513), Dr Lindsay Oades (0439625868) or Dr Trevor Crowe (02 4221 3147). If I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, University of Wollongong on 4221 4457.

By signing below I am indicating my consent to:

- Being interviewed by the researcher for a maximum of one-and-a-half hours;
- Meeting with the researcher occasionally (maximum four meetings of approximately half-an-hour each) to provide feedback on the development of a recovery conceptual model and coaching tool based on the findings of the research.

I understand that the data collected from my participation will be used primarily for a PhD thesis and may also be used in summary form for journal publication, and I consent for it to be used in that manner.

Signed Date

..../...../.....

Appendix E

Study 1

Example Interview Transcript:

Mental Health Peer Support Worker

In Study 1, interviews with 17 mental health peer support workers were conducted to explore their recovery journey stories in order to explore their narrative identity reconstruction. Participants' stories were digitally recorded and later transcribed for analysis. The following is an extract from an interview transcript.

Coach: *What were the crucial decisions on your recovery journey?*

Participant: The most crucial decision that I made on my recovery journey was to listen to myself. That would have to be the primary crucial decision, to listen to myself. The other one was to understand that I needed to have a stance of compassion with myself, that it was actually okay to say "I'm not coping right now", to have that opportunity to opt out, or when someone asked you a question because you know that person's a doctor and they've asked you a question you would automatically just respond, you know regurgitate all this stuff, was to say "no I don't have to go there, I can actually stop re-traumatising myself by not going there". You can deal with it in all sorts of ways, and maybe one of the ways I directly stopped living this trauma on a daily basis was just shutting down that conversation that really was serving no purpose. If I'm seeing a doctor about sugar level and he's seen there's a previous history of bipolar, we don't have to be going into that. It's about the sugar, and being quite comfortable that if the doctor, and this actually happened, wanted to pursue the conversation about being bipolar I terminated the visit. I said "I'm terribly sorry, this is not what I'm actually here for. I'm here to follow this up, it's a physical health concern".

I started to come to that concept of wellbeing. "What is wellbeing?" That's been a big question mark for me, and another decision for myself was around "where am I going to invest my time?", "what am I going to put my energy into?" "Am I going to put my energy into managing my illness?", which is what I was doing and that got me nowhere, or "am I going to put my energy into wellbeing?", and "if I put my energy into wellbeing, what am I going to get out of that instead?" So that was another conscious decision, around where my energy was going to go, and what I found pretty quickly was that it takes time. Part of that commitment was the fact that I made the decision not to just go back to any other job that might actually be a trigger, not to do certain things, and to take the time to do all this stuff. And it did, it did take time. It took three years before I then applied for a job, and that was making sure that I'm doing this in a very purposeful and meaningful way to me. I felt that was an important decision to make because when I made that decision to apply for a job, I rightly got the job but I also knew that I was in the best space to apply for that job because of what I was able to manage and what I was able to balance. But again, I knew that the job that I was applying for at the time was talking to what I value and a big opportunity for further growth.

Coach: *What was your overall progress like in recovery?*

Participant: Like it's just been faster, stronger, and upwards and onwards and… no, it has been crash and burn. There's been that opportunity where I thought I was going well or I thought "oh my gosh I'm more deluded now than ever." The difficult thing is when you actually have symptoms. For example, you know how to put the air conditioning on here today. I follow mechanical noise in my head and it just becomes louder and louder and louder to the point where I can actually hallucinate, for want of a better term, of machines operating. So when you still have those sort of things happening, there's a realisation that something isn't real, you know there isn't a series of cogs and pullies actually happening that's going to encompass this room that sort of suffocates in here. When you're still having those symptoms happen when supposedly you're in recovery, it can be really confronting because you feel that maybe you haven't made the progress

that you thought you had or you might be losing your grip or what have you. And you do have those moments, those setbacks, so you don't have this linear journey where you say "it started at this point and recovery has ended there".

Coach: *What do you consider the single biggest factor in your successful recovery?*

Participant: Faith. Faith or hope. I think it goes beyond hope. Hope is one thing, faith is another. Faith is like hope, but when you have hope it's one thing, when you have faith it turns it into action. I think it's that faith, faith that someone believes. I have hope that I will have something better for myself. But someone else demonstrated faith that that was possible, and I was actually able to reconnect with that faith in myself.

Coach: *Looking back, how do you make sense of your mental illness and recovery?*

Participant: I make sense of it by the fact that I had a set of circumstances as a child that gave me my own discourse, what I would refer as my own monologue, based on what I was feeling and sensing or what have you, which I thought was wrong and found disturbing. Now my family have their own monologue as to what they believe to be right and a sense to conform too. The health system has its own monologue which that they feel to be right and whatever, and everyone has got a monologue happening around "this is our practice, this is what we do", "these are our beliefs, or these are our values" and people were looking for that conformity. My significant thing that actually happened in that regard was having someone create discourse and dialogue that I didn't have to have a monologue hitting up against another monologue just creating abrasiveness'. So how I make sense of it is really the fact that I had that opportunity to a) explore my monologue, but b) enter into dialogue, and by entering into dialogue I was able to have that exchange of ideas rather than reputation of self to yield to something else. So how I make sense of it is really is that dialogue with self and dialogue with others is really an important part. It was really about getting to that point where I could actually start that dialogue, because up until that point of recovery when I became aware of it, the fact is that even in my illness I had an illness monologue. I wasn't actually having dialogue with myself around my values who I am and that kind of thing, and it was really that opportunity to expand processes being able to have a full dialogue, dialogue with community developing friendships, and a dialogue with a health professional to do something around my strategy. Up until that time all that it really was, was my monologue hitting up against someone else's monologue.

Coach: *What lessons have you learned on your recovery journey?*

Participant: The number one learning for me was learning to trust in self. Another learning for me was not to wait, not to believe that things over time will just change. Change is something that I had to make, that I had to make happen. Another learning for me is about opportunity and possibility, where finding out that if I could put all these things in place to construct all these protective factors and mechanisms, have all these whatever it might be protective factors I'm creating through delusions or what have you to do with pain, how clever is the mind if you actually say "well what's the cause?" and dealt with it that way instead to actually address things as they occur. But again I can come back and think about responsibility, taking responsibility and making change and having faith and I guess that the most important contribution that I can make is to

myself. The best contribution I can make to society is to start with me first before I can actually do anything else.

Coach: *Is the way you see yourself now significantly different than it was in the past?*

Participant: In the past I saw myself as fractured, as weak, as a lesser individual, unimportant, hopeless. There was really nothing positive that I could actually say about myself. Cynical, pessimistic, they were the sort of words that would... frustrated, guilt-ridden, full of anxiety, really a basket-case. How I would summarise those changes? I don't know, I think a part of it is developing a sense of humour, even though it's a little bit dry and a little bit dark, but having that sense of humour and the ability to now sit back and actually laugh at some of it, seeing it really for what it is. The other is that sense of empathy that I think it's actually given me. I think I've developed a better stance of compassion with myself and without doubt I think I've got better empathy with others because it's actually made me more aware of what others will be going through.

Coach: *What was your biggest challenge in recovery?*

Participant: As far as individual struggles are concerned it's just been more around that fear of success and that change, that change of behaviour. The letting go of alcohol dependence was a big one. Alcohol and bipolar mood disorders don't go very well together. With the alcohol, all I was doing was masking pain. Part of that thing about the recovery journey was the fact that I had invested so much in the previous 16 years of avoiding negative experiences, the irony is that all I was having was a negative experience. By looking at the effects that alcohol was having on me, such as liver issues, heart issues, diabetes issues, and I was only 35, that's a lot of drinking to be having that level of issue. So it was actually letting go of the drinking with the fear that the pain will actually be intolerable, because I was using that to suppress memory, but finding out quite the opposite over time that there were other ways I could suppress memories. Just looking at some of those CBT techniques to help suppress memory as opposed to using alcohol, although a bit hard by that point to defer some of the physiological damage of the alcohol.

It was an obstacle in the recovery journey, and again it came back to taking responsibility. But it was such a hard thing for me to give up because that had become my substitute for a best friend. It was that intimate relationship with alcohol every night that also led to dealing with asking questions about myself in the recovery journey, and the thing that I gave myself was the permission to not make a decision, not persecute myself over it which is what I had been doing. Up until that point I had been persecuting myself about it because it seems that society demands that we must say "we are one thing or another" and it appears that people want us to say "we're one thing or another".

Appendix F

Study 1

Life Story Model of Identity (LSMI) Coding Booklet

In Study 1, a template analysis of participants' recovery stories was conducted in order to identify the main themes involved in their narrative identity reconstruction. A coding booklet was developed for this purpose.

Coding protocol

- **A person's narrative identity is held to be a life story. The life story is comprised of setting, characters, plots, scenes, and themes. The idea in coding is to identify the different categories and the various themes they incorporate.**

1. Before coding, read through the person's narrative with a view to gaining an overall perspective of his/her story and to gain familiarity with the text.

2. Code the text in the order presented in the coding booklet.

3. Code systematically, going through the texts one category at a time.

4. In all categories, direct evidence expressed by the individual (i.e., quoted text) regarding a theme is required.

5. Themes are NOT mutually exclusive. A given portion of text may contain various themes and it is important to code them all.

6. While the coding booklet is set up to capture themes related to the Life Story Model of Identity (LSMI), it is important to identify and record emerging themes not covered by the booklet categories.

7. Please write 'memos' (notes) while coding. This is a record of your thoughts and observations as you code the texts, and is important.

Life Story Model of Identity (LSMI) (Narrative Identity)

Definition

The Life Story Model of Narrative Identity (LSMI) refers to an internalised and evolving story of the self – a personal myth – that provides psychosocial unity, purpose, and meaning in the world. This assumes the form of stories of the self that integrate the reconstructed past, perceived present and anticipated future. The life story is the narrated product of the characteristic way the self is arranged in a temporal sequence complete with setting, characters, plots, scenes, and themes.

There is no self-consistent grand narrative that organises a person's entire life into a pattern of perfect unity and clear purpose. Life stories are more like works-in-progress that convey multiplicity as well as unity in the self. There is a multiplicity of narratives to be found in any given life. These narratives are likely to contradict and compete with each other, relating in a complex and constantly changing manner.

Lives are always in flux and no single story can possibly bring together the many different narratives. Although no single story may encompass all of a person's many narratives, some stories are larger and more integrative than others and come closer, therefore, to functioning as identity formats for a given person. As a psychosocially constructed narrative, identity as life story facilitates adaptation or reinforces pathology for the person whose identity the story is (McAdams, 1983, 1985, 1993, 1996, 2001, 2010, 2011, 2018; Foley Center, 2009).

Description

The life story is situated within an ideological setting, a backdrop of fundamental beliefs and values upon which the plot unfolds. The plot contains key autobiographical scenes, episodes from the past such as high point, low point, and turning points.

The story also features central characters or personal imagoes. An imago is an idealised personification of the self that captures a select group of important traits, goals, roles, relationships, or identifications in a person's life. People play many different roles in life and a life story many contain different imagoes, each serving as a character in the same story.

Characters strive to accomplish goals and overcome obstacles. Among the most compelling goals are those linked to agency and communion. Agency (strivings for power, achievement, autonomy, self-improvement, self-expansion, self-insight) and communion (strivings for love, friendship, intimacy, caregiving, belongingness, community) are the two most general and most common thematic lines in adults' life stories. People with a high need for power tend to construct life stories with strong and assertive protagonists while people with strong needs for intimacy construct life stories that accentuate attachment bonds and community connections. Some life stories feature strong tendencies toward both agency and communion, often narrating dramatic conflicts between these two thematic lines.

Mature identity is characterised by integration of the multiple narratives in a person's life with a corresponding increased life story complexity (highly differentiated story elements).

LIFE STORY MODEL OF IDENTITY (LSMI) CATEGORIES AND THEMES					
Story element	**Definition**	**Description**	**Evidence**	**Examples**	**Code**
<u>Scenes</u> Nuclear episodes	The most significant single scenes in a person's story. Events, incidents, or happenings which stand out in the story's text. Scenes may serve to motivate characters to pursue certain goals. Goal-striving attempts may be thwarted, resulting in character reactions that further complicate the story's plot. Scenes may be perceived by the individual as positive or negative.	Scene is a discrete event, incident, or happening (scene) in the story with a clear beginning, middle, and end.	There is evidence of a scene as a discrete event, incident, or happening with a clear beginning, middle, and end.	Person is on the way home and bumps into an old friend… they go for coffee together and have an important discussion… and then the person resumes the journey home. Having coffee together is a discrete scene.	

	Scenes involve continuity, change, high points, low points, and narrative tone.				
Episodes of Continuity	Episodes of continuity are events, incidents, or happenings in the story that are clearly linked to each other in chronological sequence and tell a story.	Story episodes links past and present in a chronological sequence and tell a story.	There is evidence of story episodes linking past and present in a chronological sequence and telling a story.	Person has conflict with boss at work, loses job, abuses alcohol to cope. Person improves nutrition, has more energy, takes up exercise.	ScCty
Episodes of Change or transformation (turning points)	The person undergoes a significant change of understanding of self. Change or transformation is a turning point in the story, and may be perceived by the individual as positive or negative.	Story event, incident, or happening that is a pivotal turning point in the person's story.	There is evidence of a story event, incident, or happening that is a decisive, pivotal turning point in the person's story.	As a result of making a difficult decision, the person felt empowered and from that time experienced continual mood improvement.	ScChng

Episode of <u>Peak experience</u>	The high point in the individual's story, typified by a sense of transcendence, upliftment, inner joy, or peace. It is typically one of the high points of a person's life.	A story event, incident, happening, or sequence of events considered to be the high point in the story.	There is evidence of a story event, incident, happening, or sequence of events considered to be the high point in the person's story.	Person achieves a long-coveted work promotion after many years of long and dedicated hard work.	ScPk
Episode of <u>Nadir experience</u>	The low point in the individual's story, typified by a sense of disillusionment and/or despair. It is typically one of the low points of a person's life.	A story event, incident, happening, or sequence of events considered to be the low point in the story.	There is evidence of a story event, incident, happening, or sequence of events considered to be the low point in the person's story.	Person is hospitalised in a very serious condition, is isolated with no support system, sees no hope for the future and feels utter despair.	ScNdr
<u>Narrative tone</u> of the story	Stories typically manifest an overall emotional tone or attitude. Emotional tone is broadly that of pessimism/optimism and positive/negative attitudes. There may be a range of tones evident	A dominant emotional tone or attitude (or a range thereof) in the story.	There is evidence of a dominant emotional tone or attitude (or a range thereof) in the story.	Person accepts invitation to concert but predicts it will be terrible. Person has little money to get through the week but is confident that all will be well.	ScNtn

Imagoes Characters	Imagoes are aspects ('parts') of the self which play the role of characters in the life story. Imagoes act and interact in an individual's narrative. A story may contain many different imagoes, each serving as a story character. Imagoes may be contradictory or reconciled/integrated.	Different aspects ('parts') of the individual, typically identified in the individual's life roles.	There is evidence of different aspects ('parts') of the self, typically identified in the individual's life roles. Several imagoes may be present in a given story scene or sequence.	Self-as-loving partner. Self-as-person-in-therapy. Self-as-student. Self-as-employee.	
Contradictory Aspects of self (thesis and antithesis)	Imagoes may be seen as perceived opposites whereby aspects ('parts') parts of the self are in conflict or discordant with each other.	Different aspects ('parts') of the individual are in conflict or discordant with each other.	There is evidence of different aspects ('parts') of the self in conflict or discordant with each other.	Self-as-saver vs self-as spender. Self-as drug-user vs self-in-rehabilitation.	ChContra

Reconciliation or integration of aspects of self (synthesis)	Harmony between the different aspects ('parts') of the self is a sign of maturity in identity.	Different aspects ('parts') of the individual appear to be in harmony with each other.	There is evidence of different aspects ('parts') of the self being in harmony.	Self-as-partner and self-as individual co-exist harmoniously. Self-in-recovery and self-as-peer-worker co-exist harmoniously.	ChRecon
Imagoes as **Archetypes**	Imagoes may also be considered as archetypal (universal) characters. While individuals have aspects ('parts') of self that are unique to them, they also have aspects ('parts') of self that are considered to be common to all individuals.	Character types that are considered to be common to all individuals (i.e., universal).	Several archetypes may be present in a given story scene or sequence.	(see below for various archetypal figures)	
Archetypes of Agency	Archetypes of agency are powerful, action-oriented characters. They are typified by the archetypes of *Warrior, Sage, and Adventurer*.	Aspects ('parts') of the individual are agentic and tend towards being powerful figures with the defining features of self-expansion, self-assertion, self-protection, self-display,			

		mastery, and conquest.			
<u>*Warrior*</u> Archetype	The *Warrior* archetype is characterised as daring, courageous, and tough.	*Warrior* aspects ('parts') of the individual are daring, courage, and toughness.	There is evidence of the individual as *Warrior* being daring, courageous, and tough.	Person attends work training even though finds it hard going. Person is assertive regarding his or her rights despite feeling intimidated.	ArchWarr
<u>*Sage*</u> Archetype	The *Sage* archetype is characterised as having knowledge, gaining wisdom, and asking questions.	*Sage* aspects ('parts') of the individual are knowledge, wisdom, and questioning.	There is evidence of the individual as *Sage* having knowledge, gaining wisdom, and asking questions.	Person restructures schedule to get a good night's sleep. Person cooks a nutritious meal rather than buying junk food.	ArchSage
<u>*Adventurer*</u> Archetype	The *Adventurer* archetype is characterised as seeking the new, exploring, keeping moving, keeping changing, and keeping growing.	*Adventurer* aspects ('parts') of the individual are seeking novelty, exploration, movement, change, and growth.	There is evidence of the individual as *Adventurer* seeking the new, exploring, moving, changing, and growing.	Person identifies and pursues a new hobby. Person decides to pursue a new line of work.	ArchAdv

Archetypes of <u>Communion</u>	Archetypes of communion are defined by relatedness with others and are intimacy-oriented characters. They are typified by the archetypes of *Caregiver, Friend, and Lover*.	Aspects ('parts') of the individual are relational, tend towards connection, and have the defining features of self-surrender, merger with others, co-operation, openness, contact, union, and care.			
<u>*Caregiver*</u> Archetype	The *Caregiver* archetype cares for, nurtures, provides warmth and support, cultivates others, and promotes growth.	*Caregiver* aspects ('parts') of the individual are nurture, warmth, support, cultivation of others, and promoting growth.	There is evidence of the individual as *Caregiver* being nurturing, providing warmth and support, cultivating others, and promoting growth.	Person encourages an acquaintance that is going through a difficult time. Person is very nurturing towards a family member who has fallen ill.	ArchCare
<u>*Friend*</u> Archetype	The *Friend* archetype establishes friendships, interacts with others (seeing them as equals), and likes others.	*Friend* aspects ('parts') of the individual are friendship, interaction with others, and a liking for others.	There is evidence of the individual as *Friend* making friends, interacting with others, and liking others.	Person has a wide social circle of friends. Person belongs to several clubs or organisations.	ArchFrie

Lover Archetype	The *Lover* archetype loves in all ways, forms loving and passionate unions, and is close to others.	*Lover* aspects ('parts') of the individual are love, loving/passionate unions, and closeness with others.	There is evidence of the individual as *Lover* being loving, having loving and passionate relationships, and being close to others.	Person is deeply in love with his/her partner and demonstrates it. Person stays loving towards a relative throughout all difficulties.	ArchLove
Ideological Setting Personal ideology	The story setting. Personal ideology serves as a story backdrop of fundamental beliefs and values upon which the characters develop and the plot unfolds. Ideologies are dynamic systems subject to flux whereby ideological transformation is possible.	The individual's fundamental beliefs (worldview) and values (what's important to him/her).	There is evidence of the individual's beliefs and values.	Person thinks medication is important. Person believes that helping others is a way of giving back.	

<u>Conversion</u> Transformation in ideological *content*	A new story backdrop of fundamental beliefs and values. The focus is on *what* the individual believes and values.	Sudden or gradual change in *what* the individual believes and values.	There is evidence of change (sudden or gradual) in *what* the individual believes and values.	Person suddenly loses faith in friends.	IsCont
<u>Development</u> Transformation in ideological *structure*	A new story backdrop with respect to the organisation and pattern of existing beliefs and values. The focus is on *how* the individual believes and values.	Sudden or gradual change in *how* the individual believes and values.	There is evidence of change (sudden or gradual) in *how* the individual believes and values.	Person gradually shifts from denial to acceptance of illness. Person retains faith in friends but sees them differently. Person continues to deny illness but recognises there may be a problem.	IsStruct
<u>Generativity script</u> Leaving a legacy	A generativity script is a future action plan or outline concerning what one hopes to put into life and what one hopes to get out of it to fulfil the developmental mandate of generating a legacy.	An individual's dreams, plans, or vision for the future with regard to leaving a legacy for others.	There is evidence of the individual's dreams, plans, or vision for the future with regard to leaving a legacy for others. (*Exclude vague statements of wishes or intention.*)	Person plans to write a book about their experiences as a means of sharing advice with others. Person plans to volunteer at a	

	This includes the individual's scripts for story chapters yet to be lived. The future script specifies what the individual plans to do in order to leave a legacy of self to the next generation. The generativity script calls for the creation and sharing of a product with others. Products may be intangible or tangible and are virtually limitless on scope.			community centre for a couple of years in order to give something back to the community.	
<u>Creating a product</u>	The first step in a generativity script involves creating a product. This entails goal-directed behaviour. The product must be clearly identifiable and be capable of definition. Products are such that	A product created (or in the process of being created) for others by the individual.	There is evidence of the person's goal-directed behaviour in pursuit of creating a product for others.	Person has compiled a booklet of tips to help others master a given skill.	GsPro

Offering the product	they can be passed on to others in some way, rather than made to be kept by the person. The second step in a generativity script involves offering the product to others. This entails goal-directed behaviour.	A product offered to others by the individual.	There is evidence of the person's goal-directed behaviour in offering the created product to others.	Person advertises the booklet in various media aimed at reaching those people it could help.	GsOff
Thematic lines Story themes	Thematic lines (story themes) are recurrent goal-directed story sequences throughout the individual's narrative arising from characters in pursuit of outcomes. Themes are identified as threads running throughout the individual's story, made up of scenes and story sequences.	A recurrent type of story sequence evident throughout the individual's narrative.	There is evidence of a recurrent type of story sequence throughout the individual's narrative.	(see below)	

	Story themes convey human motivation and are concerned with what characters want, strive to get, and avoid over time. Motives serve to energise, direct, and select behaviour and experience within the context of environmental constraints and opportunities. Themes of agency (power motivation), communion (intimacy motivation), contamination, and redemption are predominant in life stories.				
<u>Agency</u> *(Power motivation)* Story theme	A recurrent preference or readiness for experiences of feeling strong and having impact (potent, agentic) upon one's environment.	Agency is demonstrated in scenes and story sequences in a recurrent manner in the overall story.	There is evidence of agency in scenes and story sequences in a recurrent manner in the overall story.	(see below)	

	Characters assert, expand, or protect themselves as autonomous and active agents. Agency underlines individual goals and achievements. People with strong needs for power generally have imagoes that demonstrate a sense of agency unmitigated by major concerns for relationships, and tailor their life stories to accentuate significant agentic actions. People with a strong need for power tend to recall scenes characterised by the motifs of *self-mastery, strength/impact, status/recognition, autonomy/independence, and competence/*	Instances of agency in the various sub-categories may overlap.			

	accomplishment.				
<u>Self-mastery</u> *Story motif*	A character strives successfully to master, control, enlarge, or perfect the self. Through forceful or effective action, thought, or experience, the person is able to strengthen the self, to become a larger, wiser, and more powerful agent in the world. This typically includes insight, which is a transformation in self-awareness and self-understanding, leading to significant insight into ones's identity and the creation of new goals, plans, or missions in life. The person also typically experiences a greatly enhanced sense of control over his destiny in the wake of an important life event.	Person striving to take an assertive stance in in the world, addressing situations and difficulties in a forceful and/or effective manner and in so doing has become more agentic.	There is evidence of the person taking an assertive stance in the world, addressing situations and difficulties in an agentic manner.	Person stands up to a bully at work, sees an end to the behaviour, and now views himself/herself as more powerful and in control of the situation. Person has a disagreement with a health professional, recognises it's not a good relationship, and finds someone else that can be of assistance.	ThSM

Strength/Impact Story motif	A character attains/tries to attain a sense of enhanced physical, mental, and emotional strength and make a strong impact on others.	Person attaining or trying to attain a sense of physical, mental, and emotional strength and making a strong impact on others.	There is evidence of the person attaining or trying to attain a sense of enhanced physical, mental, and emotional strength and making a strong impact on others.	Person makes it clear to friends that heavy drinking sessions are a thing of the past. Person attempts to persuade another to vote for a particular political party.	ThStren
Status/Recognition Story motif	A character strives to attain a high status or position, seeks praise or recognition, or acts in order to become prestigious or considered central or important.	Person striving to attain a high status or position, seeking praise or recognition, or acting in order to become prestigious or considered central or important.	There is evidence of the person striving to attain a high status or position, seeking praise or recognition, or acting in order to become prestigious or considered central or important.	Person takes up position of committee member in local sports club. Person exaggerates an achievement when telling friends in order to seem important.	ThSta
Autonomy/Independence Story motif	A character strives for a sense of autonomy, independence, self-sufficiency, separation, freedom, emancipation, or self-control.	Person striving for a sense of autonomy, independence, self-sufficiency, separation, freedom, emancipation, or self-control.	There is evidence of the person striving for a sense of autonomy, independence, self-sufficiency, separation, freedom, emancipation, or self-control.	Person decides to leave the family home and find his/her own accommodation. Person prefers to get through a difficult time without asking	ThAut

				for help from anyone.	
Competence/ Accomplishment Story motif	A character strives for success in achieving goals, meeting standards of excellence, performing in a competent manner, and in being efficient and effective.	Person striving for success in achieving goals, meeting standards of excellence, performing in a competent manner, and in being efficient and effective.	There is evidence of the person striving for success in achieving goals, meeting standards of excellence, performing in a competent manner, and in being efficient and effective.	Person is work-focused and highly committed to being the best performer in his/her department. Person puts in hours of practice to excel in a chosen sport.	ThCom
Communion (Intimacy motivation) Story theme	A recurrent preference or readiness for experiences of warm, close, and communicative exchange with others. The theme underlines emphasis on conformity to social norms and group work. Interactions with others are deemed ends rather than means to other ends. People with strong needs for intimacy display	Communion is demonstrated in scenes and story sequences in a recurrent manner in the overall story. Instances of communion in the various sub-categories may overlap.	There is evidence of communion in scenes and story sequences in a recurrent manner in the overall story.	(see below)	

	more communal imagoes and tailor their life stories to accentuate attachment bonds and their connections to human communities. People with a strong need for intimacy tend to recall scenes characterised by the motifs of *love/friendship, dialogue/setting, care/support, and unity/togetherness.*				
<u>*Love/Friendship*</u> Story motif	A character experiences positive emotions as the result of a close interpersonal relationship.	Person experiencing positive emotions as the result of a close interpersonal relationship.	There is evidence of the person experiencing positive emotions as the result of a close interpersonal relationship.	Person experiences warm feeling of being supported while spending time with a friend. Person has very good rapport with a doctor and feels understood.	ThLov

Dialogue/Setting Story motif	A character experiences mutual communication with another person, as in a good conversation.	Person is experiencing mutual communication with another person.	There is evidence of the person experiencing positive emotions as the result of mutual communication with another person.	Person spends time with a colleague after work, getting to know him/her. Person meets with a friend every week for coffee and a chat.	ThDia
Care/Support Story motif	A character cares for or is cared for by another, involving the providing or receiving of aid, assistance, help, comfort, support, or therapy.	Person is caring for or is being cared for by another, and this involves the provision or acceptance of aid, assistance, help, comfort, support or therapy.	There is evidence that the person is caring for or is being cared for by another, and that this involves the provision or acceptance of aid, assistance, help, comfort, support or therapy.	Person attends weekly sessions with a therapist to alleviate symptoms of distress. Person is taking care of a sick friend for a few weeks.	ThCar
Unity/Togetherness Story motif	A character experiences a sense of unity, harmony, synchrony, togetherness, or solidarity with other people or with the world as a whole.	Person is experiencing a sense of unity, harmony, synchrony, togetherness, or solidarity with other people or with the world as a whole.	There is evidence that the person is experiencing a sense of unity, harmony, synchrony, togetherness, or solidarity with other people or with the world as a whole.	Person identifies as being a supporter of a given football club.	ThUni

Redemption Story theme	An affectively negative life story scene or sequence is followed by an affectively positive life story scene or scene sequence. The overall story may also be a movement from negative to positive. Overcoming difficulty is the central aspect in this theme.	There is movement in the story from negative to positive with regard to single scenes, scene, sequences, and the story overall. Overcoming difficulty is central to the story movement.	There is evidence of movement in the story from negative to positive with regard to scenes, sequences, and the story overall. There is evidence of overcoming difficulty.	Person's marriage was unhappy, but after divorce life became fun again. Person has conflict with a work colleague, but resolves the issue and becomes friends with that individual.	ThRed
Contamination Story theme	An affectively positive life story scene or sequence is followed by an affectively negative life story scene or scene sequence. The overall story may also be a movement from positive to negative.	There is movement in the story from positive to negative with regard to single scenes, scene, sequences, and the story overall.	There is evidence of movement in the story from positive to negative with regard to scenes, sequences, and the story overall.	Person's marriage was happy, but ill health put severe strain on the relationship. Person got on well with a work colleague, but disagreement over a project led to bitter animosity.	ScCon

Narrative complexity	The overall organisation of the story's content may be relatively simple or relatively complex. Narrative complexity entails highly differentiated stories (lots of characters/life roles, varied scenes and story sequences, varied sub-plots, and complicated action).	The person's story is either relatively simple or relatively complex. A narratively simple story has fewer and less varied story elements. A narratively complex story has more story elements that are more varied.	There is evidence of the person's level of narrative complexity.	Self-as wife, self-as-mother, and self-as-employee are pursuing various conflicting goals of intimacy, caring, and career simultaneously. Role values are in conflict, but the individual is nevertheless balancing the roles and different aspects of self. Balancing these roles requires being highly active and involved in many life episodes.	NcSim or NcCom
	Mature narrative identity is characterised by integration of the many story elements in a person's narrative.	A narratively complex story with integrated story elements is considered to be mature narrative identity.		Person has a complex story, but the person is living a full life and has integrated the various story elements.	NcMat

Appendix G

Study 2

Ethics Approval

UNIVERSITY OF WOLLONGONG

APPROVAL after review
In reply please quote: HE14/204
Further Enquiries Phone: 4221 3386

5 September 2014

Mr Douglas Kerr
Po Box U351
University of Wollongong

Dear Mr Kerr

Thank you for your letter responding to the HREC review letter. I am pleased to advise that the Human Research Ethics application referred to below has been **approved.**

Ethics Number:	HE14/204
Project Title:	Boardgame trial evaluation
Researchers:	Mr Douglas Kerr, Dr Trevor Crowe, A/Professor Lindsay Oades
Documents Approved/ Noted:	Initial Ethics Application Recruitment Email Participant Information Sheet Coaching Protocol Consent Form for Participants Participant Information Sheet for Peer Support Workers Consent Form for Peer Support Workers Coaching Protocol for Peer Support Workers Participant Information Sheet for Non-Clinical (Mentors) Consent Form for Non-Clinical (Mentors) Coaching Protocol for Non-Clinical (Mentors) Participant Information Sheet for Non-Clinical (Postgraduate students) Consent Form for Non-Clinical (Postgraduate students) Coaching protocol for Non-Clinical (Postgraduate students)
Approval Date:	4 September 2014
Study Expiry Date:	3 September 2015

The University of Wollongong/Illawarra Shoalhaven Local Health District Social Sciences HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research. The HREC has reviewed the research proposal for compliance with the National Statement and approval of this project is conditional upon your continuing compliance with this document.

Ethics Unit, Research Services Office
University of Wollongong NSW 2522 Australia
Telephone (02) 4221 3386 Facsimile (02) 4221 4338
Email: rso-ethics@uow.edu.au Web: www.uow.edu.au

A condition of approval by the HREC is the submission of a progress report annually and a final report on completion of your project. The progress report template is available at http://www.uow.edu.au/research/rso/ethics/UOW009385.html. This report must be completed, signed by the appropriate Head of School, and returned to the Research Services Office prior to the expiry date.

As evidence of continuing compliance, the Human Research Ethics Committee also requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- unforseen events that might affect continued ethical acceptability of the project.

Please note that approvals are granted for a twelve month period. Further extension will be considered on receipt of a progress report prior to expiry date.

If you have any queries regarding the HREC review process, please contact the Ethics Unit on phone 4221 3386 or email rso-ethics@uow.edu.au

Yours sincerely

K. Clapham

Professor Kathleen Clapham
Chair, Social Sciences
Human Research Ethics Committee

cc: Dr Trevor Crowe, A/Professor Lindsay Oades

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Appendix H

Study 2

Participant Information Sheet

PARTICIPANT INFORMATION SHEET

TITLE OF RESEARCH PROJECT

A recovery boardgame trial evaluation.

PURPOSE OF THE RESEARCH

The purpose of the research is to develop a narrative coaching tool (boardgame) to assist people to build their identity (sense of self) in mental health recovery. This is important, as building a preferred identity is considered to be a core task in recovery.

The research project is a narrative coaching intervention in the form of a boardgame called 'HEROES AND HEROINES: The Recovery Journey Boardgame'. The game is based on the popular hero's journey narrative, a universal story of personal development and overcoming challenges that is often used as a metaphor for mental health recovery.

This is an experimental project. The game is being trialled with the aim of developing it further in the future.

The research being conducted is part of a PhD project associated with the School of Psychology.

INVESTIGATORS

- Douglas Kerr (Researcher), School of Psychology, University of Wollongong
  +61 2 4221 5682, djk712@uowmail.edu.au

- Dr Trevor Crowe (Principal Supervisor), Illawarra Institute for Mental Health
  +61 2 4221 3147, tcrowe@uow.edu.au

- A/Prof Lindsay Oades (Second Supervisor), Sydney Business School
  +61 2 4221 3694, loades@uow.edu.au

REQUIREMENTS FOR PARTICIPANTS

If you choose to participate, the following will be required:

- A fortnight prior to playing the boardgame, you will complete five simple pen-and-paper measures (related to your sense of self) given to you by your coach (peer support worker);
- You will then play the game twice, with the sessions a fortnight apart. Game duration at each session will be approximately one hour (please allow for 90 minutes to ensure completion);
- At each session, you will complete pen-and-paper measures before and after playing the game (the same ones as previously completed) as well as an evaluation measure of the game itself;
- In between the two game sessions, you will complete a brief reflexive journal (i.e., write a few lines every day about your progress towards a goal/outcome).

- The boardgame is comprised of components that represent narrative identity (i.e., the stories people tell about themselves) in the context of the recovery journey. It is a very simple game to play. The player takes on the role of the hero/heroine, chooses a context for his/her journey, and considers what his/her preferred identity (best self) would be like in relation to it. The player then completes a series of story challenges aimed at developing his/her best self. In the challenges, the player reflects (by means of coaching questions) on the inner strengths and qualities of the hero/heroine that could assist him/her to make progress. The player also completes challenges related to the process of personal change and brief exercises related to consolidating progress. (A coaching protocol outlining the gameplay in detail is attached.)

INTERVIEW/MEETING PROCEDURE

Only you and your coach will be present during the boardgame play. The coach will lead you through the game, using a structured coaching protocol. The coaching format is relaxed and informal, with the emphasis on learning skills in an enjoyable manner in a supportive environment.

POSSIBLE RISKS AND INCONVENIENCES

The boardgame has been designed to be a positive, strengths-building experience. The game is focused on the playing process, not content.

If at any stage you are experiencing negative reactions to playing the boardgame or do not feel comfortable with continuing your participation, please report this to the coach. The coach has the necessary experience and access to support services to address adverse events. If necessary, you will be referred to appropriate support services and/or an independent counsellor at no cost to yourself.

Your involvement in the study is voluntary and you may withdraw your participation from the study at any time. If you withdraw from the study, any data that you have provided to that point will also be withdrawn. Refusal to participate in the study will not affect your relationship with the University of Wollongong. Refusal to participate in the study will not affect your relationship with the Mental Health Team support service.

AIMS AND BENEFITS OF THE RESEARCH

The boardgame coaching intervention is designed to enhance a person's ability to think and act in a mindful, reflective manner. This helps a person make good decisions and take effective action, in order to deliberately produce desired results in life; in turn, this leads to a sense of personal mastery and contributes to building a preferred identity (sense of self) in recovery.

You may also feel good about your participation in a worthwhile project. The study may assist others directly in recovery, further equip mental health service providers, add to the relevant academic literature, support the National Framework for

Recovery-oriented Mental Health Services (2013), and support the University of Wollongong iiMH recovery-focused research agenda.

CONFIDENTIALITY

Data from the measures taken will subsequently be analysed both by computer software programme and manually as appropriate. The data collected from the research will be used primarily for a PhD thesis and may also be used in summary form for journal publication. Data collected will be stored securely on a password-protected computer in the office of researcher Douglas Kerr. Your data is confidential. Your confidentiality is assured as you will not be identified in any part of the research (i.e., the measures and materials used are coded).

ETHICS REVIEW AND COMPLAINTS

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 3386 or by e-mail at rso-ethics@uow.edu.au.

Before the meeting begins, please feel free to ask the coach/researcher if you have any questions about the research and/or procedures involved. Thank you for your interest in this study.

COACHING PROTOCOL

Name of game: Heroes and Heroines: The Recovery Journey Boardgame

Game description: Heroes and Heroines: The Recovery Journey Boardgame is based on the hero's journey narrative, the universal monomyth of overcoming challenges and personal development often used as a literary metaphor for the recovery journey. In the game's story narrative, the Hero (player) leaves the realm of familiarity (his/her comfort zone) and journeys in search of a desired outcome overcoming challenges along the way. The Hero/Heroine meets the challenges by using personal inner strengths and qualities, including hero archetypes (inner guides) to overcome the challenges. Progress on the journey is often unpredictable and uncertain. In meeting the challenges and making progress, the Hero/Heroine undergoes personal development – including the development of his/her best self – during the journey and, having reached his/her desired goal, takes the learning and skills gained into the real-life recovery journey.

Game object: The object of the game is to complete the Hero/Heroine's recovery journey and gain important learnings.

Game play: Players move along a series of journey steps. Prior to starting the journey, the player gains clarity about his/her desired outcome and preferred identity (his/her best self). Thereafter, at each journey step the player meets challenges related to identity and personal change. The final step is one of reflection on the

journey to consider the learnings gained and how they may be taken from the game and used in real life.

CONSENT FORM FOR PARTICIPANTS

Project title: A recovery boardgame trial evaluation

Researchers: Douglas Kerr, Dr Trevor Crowe, A/Prof Lindsay Oades

I have been given information about the study project 'A recovery boardgame trial evaluation'. I have been advised of the potential risks associated with this research, which includes the small possibility that participating in the coaching intervention may be emotionally distressing.

I understand that Douglas Kerr is conducting this research as part of a PhD project supervised by Dr Trevor Crowe and A/Prof Lindsay Oades in the School of Psychology at the University of Wollongong. I have had an opportunity to discuss with Douglas Kerr any questions I have about the research and my participation.

I understand that my participation in this research is voluntary, I am free to refuse to participate, and I am free to withdraw from the research at any time. If I withdraw from the study, data provided by me will also be withdrawn. My refusal to participate or withdrawal of consent will not affect my relationship with the University of Wollongong. My refusal to participate or withdrawal of consent will not affect my relationship with the Mental Health Team support service.

If I have any enquiries about the research, I can contact Douglas Kerr (02 4221 5682), Dr Trevor Crowe (02 4221 3147), or A/Prof Lindsay Oades (02 4221 3694). If I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, University of Wollongong on 4221 3386 or by e-mail at rso-ethics@uow.edu.au.

By signing below I am indicating my consent to (1) completing five pen-and-paper measures a fortnight prior to playing the boardgame, (2) playing the boardgame with a coach twice, a fortnight apart, for approximately 60 minutes each session (allowing for 90 minutes to ensure completion), and (3) completing a brief daily reflexive journal in between sessions.

I understand that the data collected from my participation will be used primarily for a PhD thesis and may also be used in summary form for journal publication, and I consent for it to be used in that manner.

Name/Signed	Date
.....	...../...../.....

Appendix I

Study 2

Measures

Sense of Mastery Scale (SM)

The Adult Trait Hope Scale (ATHS)

The Sense of Mastery Scale (SM)

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and mark with an 'X' in the blank provided.

I have little control about things that happen to me.

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

Some of my problems I can't seem to solve at all.

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

There is not much that I can do to change important things in my life.

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

I often feel helpless dealing with the problems of life.

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

Sometimes I feel like a play ball of life (pushed around).

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

I can do almost everything, if I want to

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

What will happen in the future considerably depends on myself

_____ 1. strongly disagree
_____ 2. disagree
_____ 3. no disagreement/agreement
_____ 4. agree
_____ 5. strongly agree

The Adult Trait Hope Scale (ATHS)

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1. = Definitely False
2. = Mostly False
3. = Somewhat False
4. = Slightly False
5. = Slightly True
6. = Somewhat True
7. = Mostly True
8. = Definitely True

____ 1. I can think of many ways to get out of a jam.

____ 2. I energetically pursue my goals.

____ 3. I feel tired most of the time.

____ 4. There are lots of ways around any problem.

____ 5. I am easily downed in an argument.

____ 6. I can think of many ways to get the things in life that are important to me.

____ 7. I worry about my health.

____ 8 Even when others get discouraged, I know I can find a way to solve the problem.

____ 9. My past experiences have prepared me well for my future.

____ 10. I've been pretty successful in life.

____ 11. I usually find myself worrying about something.

____ 12. I meet the goals that I set for myself.

Appendix J

Study 2

Boardgame Playing Protocol: Coaching Guide

A standardised playing protocol was developed as a coaching guide. The protocol was used throughout the narrative coaching boardgame intervention.

BOARDGAME PLAYING PROTOCOL: COACHING GUIDE

GAME 1

- **Read the GAME PLAYING GUIDE introductory pages aloud to the player**

  Check that the player understands the concepts.

- **Work through THE CALL (step 1) challenge questions and skills training with the player**

  Read the introduction to the step aloud, and then complete the step challenge questions and skills training exercises with the player. Ensure that the player has clarity about their journey and is familiar with the skills used in the game.

- **Ask the player to throw the dice to move to the next step**

  If a 6, move directly to the next step. If not a 6, throw until 6 or more additive score is achieved. (NB: Introduce the idea that progress sometimes takes longer than expected or desired, but that's normal and the journey still continues.) (Tip: Use the dice throw as a fun 'breather' in between steps.)

- **Work through THE THRESHOLD (step 2) narrative identity challenge questions with the player**

  Probe for further responses to questions, as necessary.

- **Ask the player to choose a PERSONAL CHANGE card**

  Read the relevant metaphor on the card aloud and then work through the challenge questions on the card with the player.

- **Work through THE RETURN step questions with the player**

  Probe for further responses to questions, as necessary. Ensure that the player has chosen an outcome to work towards in real life for the fortnight ahead and is clear about what's required. (NB: The player can refer to the game-playing guide in the fortnight).

GAME 2

- **CHECK IN with the player**

  Discuss how the player's journey progressed in the fortnight since the last game.

- **Revisit the 'BEST SELF' IMAGINATION EXERCISE and the core GAME SKILLS**

  Follow the same procedure as previously done in The Call step.

- **Work through the ROAD OF TRIALS (step 3) narrative identity challenge with the player**

- **Work through a PERSONAL CHALLENGE card when the narrative identity challenge is completed**
  Card drawn randomly by the player.

- **Ask the player to throw the dice to move to the next step**

  If a 6, move directly to the next step. If not a 6, throw until 6 or more additive score is achieved. (NB: Reinforce the idea that progress sometimes takes longer than expected or desired, but that's normal and the journey still continues.) (Tip: Use the dice throw as a fun 'breather' in between steps.)

- **SETBACK (step 4), RISING ACTION (step 5), and CLIMAX (step 6)**

  Repeat the above procedure for the remaining story steps.

- **Play THE RETURN (step 7)**

  Probe for further responses to questions, as necessary.

- Elicit player feedback (ask player to complete evaluation form).

TIME REQUIRED

Game 1: THE CALL (30 mins); **THE THRESHOLD** (15 mins); **THE RETURN** (15 mins)

Games 2: CHECK IN with player (10 mins); revisit 'best self'/skills/exercise at The Call (10 mins); Story steps SETBACK, RISING ACTION, CLIMAX, AND RETURN (10 mins each)

Appendix K

Study 2

Heroes and Heroines: The Recovery Journey Boardgame

Game Playing Guide

The narrative coaching boardgame was comprised of various elements. The Game Playing Guide booklet is used by the coach and player together. The coach guides the player step-by-step through the booklet in an interactive playing process.


HEROES AND
HEROINES
The Recovery Journey
Boardgame
Game
Playing Guide

GAME SET-UP

- Set up the game board on a suitable surface.
- Place the Hero/Heroine avatar on the designated space on the board.
- Shuffle the Personal Change cards and place them on the designated space on the board.
- Place the game materials (Archetype cards, dice, pen/pencil, Game Playing Guide) near to hand.
- Work through the Game Playing Guide step-by-step. You may record your journey story in the space provided.
- The duration of a game is approximately 60 minutes.

GAME PLAY PROCEDURE

1. **Journey step**
   - Complete the challenge questions.
2. **Personal Change**
   - Pick a Personal Change card and complete the challenge questions on it.
3. **Progress to next step**
   - Throw the dice to move to the next step. If you throw a 6 on the first throw, move your Hero/Heroine avatar directly to the next step. If not, keep throwing until you get an additive score of 6 or greater and then move on.
4. **The Return (played at every game)**
   - Complete the challenge questions.

GAME INTRODUCTION

This is a narrative identity coaching boardgame designed to assist you with mental health recovery. One of the most important aspects of recovery is growing or expanding your identity, which is about regaining or rebuilding the sense of self. This involves personal development and the building of a preferred identity away from illness.

The boardgame aims to help you become the person you want to be and live the life you want. It is designed to help you think and act in a mindful, reflective manner. This helps you make good decisions and take effective action, so that you can deliberately produce your desired results in life; in turn, this leads to a sense of personal mastery and contributes to building your preferred identity.

The game is based on the mythical hero/heroine's journey, a universal story of overcoming difficulties often used for recovery.

❖ The Hero/Heroine's Journey

In the hero/heroine's journey story the hero/heroine is faced with a pressing life issue. Guided by a mentor the hero/heroine undertakes a journey to address the issue, leaving his/her comfort zone and entering unknown territory where he/she must overcome a series of challenges.

To succeed, the hero/heroine must think and behave in new ways. In doing so, the hero/heroine experiences personal change, including a more developed identity. Progress is often erratic and uncertain, but the hero/heroine finally succeeds and returns home with lessons learned and a new sense of self.

The hero/heroine's identity is that of a character with high personal agency (ability to create desired results), including a sense of personal mastery (sense of control in

❖ Narrative identity

Identity may be seen in different ways. One way is to think of identity as a narrative, which means seeing life as a story. We constantly tell stories about ourselves and our experiences, and these stories become our narrative identity.

We have various life roles and different inner parts of self, and these may be seen as multiple selves. Narrative identity consists of multiple selves with multiple stories.

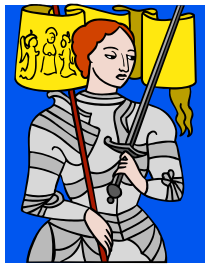
We and our stories constantly evolve and change, making our narrative identity open to change. We can deliberately decide what stories we tell and how we tell them, and so we can choose our preferred identity.

The hero/heroine chooses stories high in personal agency, which are stories of empowerment (transforming your choices into actions and outcomes) and personal growth (realising your full potential).

❖ Hero/Heroine Archetypes

As part of his/her narrative identity, the hero/heroine has inner personal strengths and qualities that he/she may draw upon. This includes parts of self that are called archetypes. Archetypes may be seen as inner guides, like characters in a story, each with unique strengths and qualities that may be called upon when needed.

The hero/heroine deliberately calls upon inner personal strengths and qualities, including the archetypes of agency (ability to create results) which include the Warrior (tough and courageous), Adventurer (explores the new), and Sage (wise).



Warrior

Adventurer

Sage

❖ **Processes of Personal Change**

People are constantly adapting to their life demands, and in doing so are ever changing and evolving. This involves complex processes of change, in which progress is often erratic and uncertain. While this experience is often viewed negatively, these processes are natural and fundamental to progress as they enable a person to modify behaviour to suit new circumstances.

As an aid to understanding these complex change processes, metaphors are often used to simplify and understand them. As metaphors for recovery, for example, sometimes progress may be seen more like an unstable roller-coaster ride and at other times like a steady climb up a stepladder.

A hero/heroine deliberately manages the processes of personal change. He/she may use metaphors as an aid to understanding the processes of change and using them to his/her advantage.

The journey ahead

This is a role-playing game. You as the hero/heroine undergo your own journey towards your preferred identity, which may also be seen as your best self.

At each step of your journey you face challenges related to narrative identity and personal change, and perform brief exercises that help you to consolidate your progress as you transition from step to step.

Challenges take the form of answering a sequence of questions that is repeated at each step. Repetition helps you to master the game play and learning so that you can use it in real life. You earn Life Reward points (representing benefits to your life) along the way for your efforts.

The object of the game is to complete your journey. You may record your journey experience in the spaces provided.

HEROES AND HEROINES:
THE RECOVERY JOURNEY BOARDGAME

<u>Act I</u>

THE CALL

1. THE CALL

In the hero/heroine's journey storyline, The Call is about making the decision to embark on the journey. It is a call to adventure. The hero/heroine often attempts to refuse the call. There is inner struggle and tension. Part of him/her recognises the need to address the situation and sees the potential reward for doing so, yet another part resists and holds him/her back from going forward.

Then a mentor appears who guides the hero/heroine. The hero/heroine accepts the call. The mentor shares new understandings and skills and readies the hero/heroine for the journey ahead. The hero/heroine must learn and practise the skills required for the journey.

<u>Challenge:</u> The challenge at The Call is to clarify your journey direction and to learn and practise the skills you will use along the way.

Clarifying your journey

Before embarking on your journey, it's helpful to have a good idea of your intended direction. This involves being clear about what you want to accomplish and how you want to be.

First, please consider the context for your hero/heroine's journey. What area of your life would you like to address for the next fortnight? Take a few moments to think about it. Choose something that stands out for you, a specific issue or area of importance in your life that is important for you right now (e.g., health, relationships, work, personal development).

Second, please consider what your best self would look like in this context**.** When you think of your best self, what immediately comes up for you? Take a few moments to think about it. Try to get a clear idea of your best self.

This is a journey to build your preferred narrative identity – your best self – in the life context you have chosen. As previously mentioned, a person's narrative identity consists of multiple selves and multiple stories. These different selves and stories compete for dominance at any given time, depending on the life context. Your best self and story must also compete for dominance in the context you have chosen.

Your best self is accessible to you right now, but you must deliberately choose to access it. One way of helping you access your best self is by means of using your imagination.

Complete the following exercise:

For the next two minutes, imagine you have accomplished your outcome and that you are your best self… picture the scene in your mind's eye... experience the sounds... the smells... the sensation of touch... the sensation of taste…

(Answer the following questions)

- ***What is it like to connect with your best self? (overall experience? feelings? thoughts?)***

- ***What do you want to accomplish on your journey?***

- ***What is your purpose (reason) in achieving this?***

- ***Why is this outcome important to you?***

- ***What difference would it make to your life if you achieve this outcome?***

- ***Which of your values does this outcome represent?***

- ***If you were your best self, what would be your main values?***

- ***If you were your best self, what would be your main strengths and qualities?***

- ***If you were your best self, what would be your main personal limitations?***

- ***How might a person important to you describe your best self?***

- ***What is holding you back from being your best self?***

Skills training

It is useful to learn and practise the required skills as it makes your journey more meaningful and you will likely get more out of playing the game.

The skills used in the game form the basis of improving your ability to think and act in a mindful, reflective manner, which in turn improves your ability to deliberately create the results you want in life and build your preferred identity.

The skills used are a) focused awareness and b) reflection:

<u>Focused awareness:</u> The ability to be focused in the moment, being aware of and attentive to your current experience.

This helps you to check in and be more grounded prior to your journey, and during the journey it helps you to step back from the process, suspend judgement, catch your breath, and take stock of and consolidate your progress.

<u>Reflection:</u> The ability to reflect on your feelings, thoughts, and actions.

This helps you to identify your existing behaviour patterns and consider new, possibly better ways of getting the results you want in life. During your journey this helps you to broaden your range of playing options, make more considered decisions, and take more effective actions.

There are many exercises that can be used to develop the skills of focused awareness and reflection. The following exercises may be very helpful in this regard.

Complete the following exercises:

How my mind works

Consider the idea that thoughts and feelings are not necessarily realities. There are multiple possible experiences or versions of 'reality' and these are affected by the thoughts and feelings we hold on to and are attached to. We can choose the thoughts and savour the feelings that are most helpful to us, letting go of those that keep us stuck and hinder us. For 60 seconds, contemplate the idea of multiple realities and how you can deliberately choose your preferred experience.

Observe your emotions

Sit in a relaxed manner. Be aware of how you are feeling. Just experience your emotions, don't judge or evaluate them. When your mind wanders, gently redirect your attention to your emotions. Be aware of your emotions for 60 seconds.

Observe your thoughts

Sit in a relaxed manner. Be aware of your thoughts. Imagine your thoughts either as leaves drifting gently down a stream, or as placed on clouds that drift by, or as objects on a conveyer belt. Just observe your thoughts, don't judge or evaluate them. When your mind wanders, gently redirect your attention to your thoughts flowing by. Be aware of your thoughts for 60 seconds.

Push the 'pause button'

Think of an example of when you behaved impulsively. For 60 seconds, imagine that you are faced with a situation like this again in the future… rather than behaving impulsively, push a metaphorical 'pause button' whereby you pause and reflect before taking action.

The journey awaits

You are a recovery journey hero/heroine. You have accepted the call to adventure. You have trained for the journey and have clarity about your direction. You're ready and prepared. You may begin the hero/heroine's journey.

Act II

THE JOURNEY

2. THE THRESHOLD

In the hero/heroine's journey storyline, The Threshold is when the hero/heroine steps out from the familiar world, out of his/her comfort zone, into unknown territory. Challenges lie ahead, and the hero/heroine begins to engage with them.

Challenge: In narrative identity, beliefs provide a backdrop upon which the person's life story unfolds. The challenge at The Threshold is to consider what beliefs could best support you on your journey.

(Answer the following questions)

- ***As your best self, what beliefs could you choose that might be helpful on your journey?***

- ***How is that different from your current beliefs?***

- ***What inner resources (strengths/qualities) could you (as you are now) draw upon to support those helpful beliefs?***

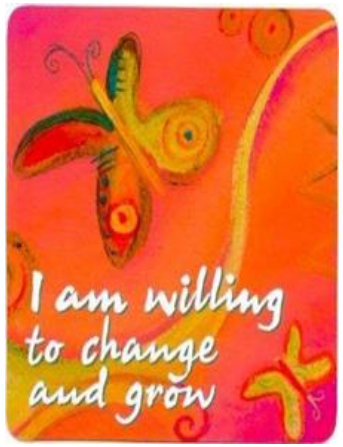
- ***Which Archetype and strengths/qualities could you use to support those helpful beliefs? Why that Archetype? Any others?***

- *(Pause and reflect)* ***Based on the above, what action/s could you take to support your beliefs? Are there alternatives? Is this the best option?***

(Follow Game Play Instructions)

3. ROAD OF TRIALS

In the hero/heroine's recovery journey storyline, the Road of Trials is about taking action and starting to make progress. The hero/heroine is tested and begins to call upon his/her resources.



Challenge: In narrative identity, a person's story typically has an overall emotional tone or attitude which runs through it. The challenge at the Road of Trials is to consider what attitude/s could best support you on your journey.

(Answer the following questions)

- ***As your best self, what attitude/s could you choose that might be helpful on your journey?***
- ***How is that different from your current attitude?***
- ***What inner resources (strengths/qualities) could you (as you are now) draw upon to support that helpful attitude?***

- ***Which Archetype and strengths/qualities could you use to support that helpful attitude? Why that Archetype? Any others?***

- *(Pause and reflect)* ***Based on the above, what action/s could you take to support that helpful attitude? Are there alternatives? Is this the best option?***

(Follow Game Play Instructions)

4. SETBACK

In the hero/heroine's recovery journey storyline, the Setback is about facing a significant crisis. It often occurs as a story turning point, when a good experience is suddenly reversed to a negative experience.

Challenge: In narrative identity, a person's story typically has obstacles and setbacks, in which the central theme is overcoming. The challenge at the Setback is to consider how you could overcome a significant setback on your journey.

(Answer the following questions)

- ***As your best self, how would you overcome this significant setback on your journey?***

- ***How is that different from the way you would currently overcome this setback?***

- ***What inner resources (strengths/qualities) could you draw upon to overcome that setback?***

- ***Which Archetype and strengths/qualities could you use to overcome that setback? Why that Archetype? Any others?***

- *(Pause and reflect)* ***Based on the above, what action/s could you take to overcome that setback? Are there alternatives? Is this the best option?***

(Follow Game Play Instructions)

5. RISING ACTION

In the hero/heroine's recovery journey storyline, Rising Action is about being fully engaged in trying to accomplish what you want. It is an intense time when the hero/heroine is tested in several areas and must address many issues at once.

<u>Challenge:</u> In narrative identity, a person's story may be simple or complex depending on their different life roles and the way they manage them. The challenge at the Rising Action step is to consider how to manage your different life roles on your journey.

Identify some of your different life roles and the main one/s…

(Answer the following questions):

- ***As your best self, how would you manage your different life roles on your journey?***
- ***How is that different from the way you currently manage your different life roles?***
- ***What inner resources (strengths/qualities) could you (as you are now) draw upon to manage your different life roles?***

- ***Which Archetype and strengths/qualities could you use to manage your different life roles? Why that Archetype? Any others?***

- *(Pause and reflect)* ***Based on the above, what action/s could you take to manage your different life roles? Are there alternatives? Is this the best option?***

(Follow Game Play Instructions)

6. THE CLIMAX

In the hero/heroine's recovery journey storyline, The Climax is the finale of the story. There is a final ordeal that must be faced, in which the hero/heroine must confront his/her main personal limitation. It is often the story low point. The negative experience is then suddenly reversed to the story high point, when the hero/heroine overcomes the limitation and seizes the moment and victory.

Challenge: In narrative identity, stories typically have a low point and a high point. The challenge at The Climax is to consider how you could overcome your main personal limitation on your journey and seize the moment of victory.

Identify your main personal limitation…

(Answer the following questions):

- ***As your best self, how would you overcome your main personal limitation on your journey?***

- ***How is that different from the way you (as you are now) would overcome that personal limitation?***

- ***What inner resources (strengths/qualities) could you (as you are now) draw upon to overcome that limitation?***

- ***Which Archetype and strengths/qualities could you use to overcome that limitation? Why that Archetype? Any others?***

- *(Pause and reflect)* ***Based on the above, what action/s could you take to overcome that limitation? Are there alternatives? Is this the best option?***

(Follow Game Play Instructions)

Act III

THE RETURN

7. THE RETURN

In the hero/heroine's recovery journey storyline, The Return is about looking back on your journey, reflecting on it, and considering ways of making your learnings practical in the real world.

Challenge: The challenge at The Return is to identity your main journey learnings and consider how you could use these practically in your life.

(Answer the following questions):

- ***What are some of the learnings you gained from your journey?***

- ***Which learning do you consider to be the most important or valuable to you?***

- ***As your best self, how would you take action on your main learning?***

- ***What inner resources (strengths/qualities) could you (as you are now) draw upon to take action on this main learning?***

- ***Which Archetype and strengths/qualities could you use to take action on this main learning? Why that Archetype? Any others?***

- *<u>(Pause and reflect)</u>* ***Based on this, what outcome do you want to accomplish in the next fortnight?***

- ***What is the first action you will take? Are there alternatives? Is this the best option? When will you take this action?***

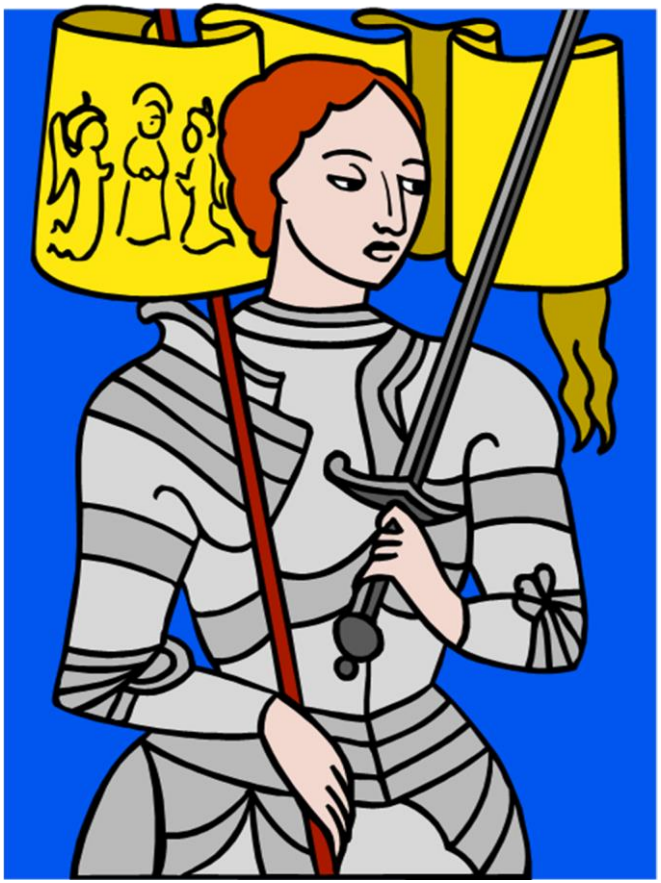
<u>(Follow Game Play Instructions)</u>

HEROES AND HEROINES:
THE RECOVERY JOURNEY BOARDGAME

RESOURCES

HERO/HEROINE ARCHETYPES
(Playing cards)

THE WARRIOR



TOUGH, DARING, COURAGEOUS

WARRIOR STRENGTHS AND QUALITIES

- **SKILL** (ability to do something well arising from talent, training, or practice)
- **COURAGE** (mental or moral strength to do something which you know is difficult)
- **DISCIPLINE** (training expected to produce a specific character or pattern of behaviour)
- **DETERMINATION** (you continually try to do or achieve something, no matter how hard things get or how badly you want to give up)

NB: Use of the Warrior should be governed by a person's highest ideals and values, as these guide the person's behaviour.

THE ADVENTURER

SEEKS THE NEW, EXPLORES,
KEEPS MOVING, CHANGING, AND GROWING

ADVENTURER STRENGTHS AND QUALITIES

- **PIONEER** (a person who helps create or develop new ideas, methods, and activities)
- **AUTONOMOUS** (independent, acts separately from things and/or people, not controlled by outside forces or others)
- **INDIVIDUALISTIC** (thinks and does things in own way, rather than imitating others, without being overly concerned about others' reactions)
- **CREATIVE THINKING** (thought process of generating new ideas by exploring many possible solutions)

NB: Use of the Adventurer should be governed by a person's highest ideals and values, as these guide the person's behaviour

THE SAGE

HAS KNOWLEDGE,
ASKS QUESTIONS, GAINS WISDOM

SAGE STRENGTHS AND QUALITIES

- **WISDOM** (using knowledge and experience with common sense/insight, being prudent/sensible)
- **HEALTHY SCEPTICISM** (open to input and feedback but does not accept statements at face value)
- **KNOWLEDGE** (facts, information, and skills acquired through experience or education)
- **NON-ATTACHMENT** (observing that our thoughts and emotions are our own limited experience and not reality)

NB: Use of the Sage should be governed by a person's highest ideals and values, as these guide the person's behaviour

NOTES

PERSONAL CHANGE PROCESSES

Playing cards

LIFE RIPPLES/THE BUTTERFLY EFFECT

A life ripple is an effect resulting from a cause. The butterfly effect refers to the ripple effect of small changes leading to bigger consequences in a person's life.

The small motion caused by a butterfly flapping its wings in Sydney could set off a ripple effect on weather systems across the world and lead to a major storm in Alaska.

Even very small positive changes in the way you think and do things are important because they can have major beneficial consequences in your life.

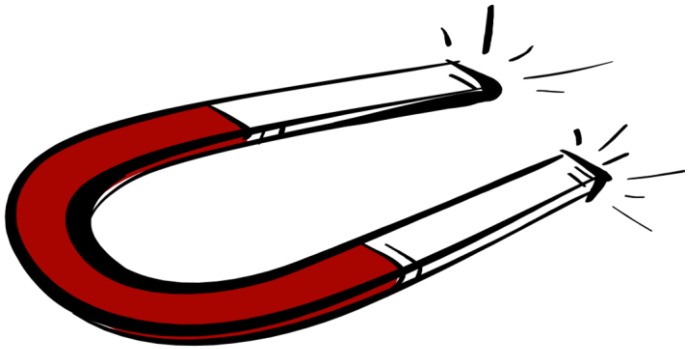
- ***What one small change could you make that might have a positive ripple effect for you on your journey?***

- ***Which Archetype/s could you use to support that small change? Why that choice?***

LIFE MAGNETS

A life magnet is a habitual pattern of emotions, thoughts, and actions.

Behaviour is repeated time and again, as if drawn in a given direction. Life magnets are stable and resistant to change, and may be positive (helpful) or negative (hindrance) in a person's life.



You can deliberately create helpful behavioural patterns – helpful life magnets – in your life by establishing positive habits. This will assist you to move towards creating the results you want in life.

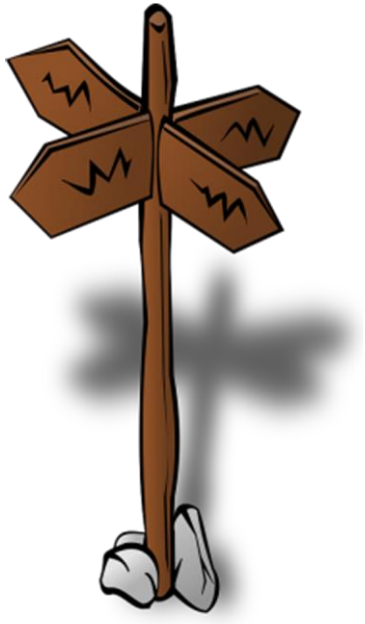
- ***What is one positive habit that you could establish that would possibly be helpful for you on your journey?***

- ***Which Archetype/s could you use to establish that habit? Why that choice?***

CHOICE POINTS

A choice point is a decision-making moment.

Every choice you make sets you on a path that determines your direction and in turn involves making further choices down the track.



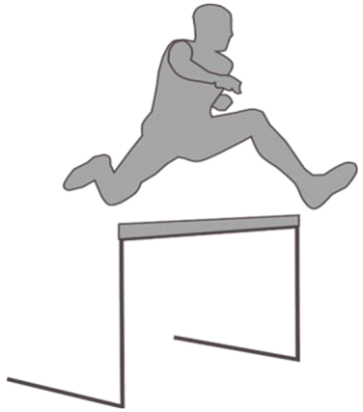
You can make carefully considered decisions that help you move in the direction you want to travel. In this way, you can deliberately choose to move towards creating the results you want in life.

- ***What is one decision you could make that would possibly move you closer towards becoming your best self?***

- ***Which Archetype/s could you use to support that decision? Why that choice?***

LIFE LEAPS

A life leap is a sudden spurt of change from one inner state or outer circumstance to another. Life leaps occur in the direction of change and are associated with sustained, repeated effort.



Deliberately pursuing your desired results in a persistent manner makes it more likely that you will make accelerated progress towards creating the results you want in life.

- ***What is one area of your life where you could be more persistent on your journey?***

- ***Which Archetype/s could you use to be more persistent on your journey? Why that choice?***

SPONTANEOUS CHANGE

People are constantly adapting to their environment and personal challenges. In spontaneous change, the person adapts naturally as a result of the processes of change.

While you can deliberately manage the processes of change to your advantage, it is not necessary or even possible to manage every aspect of change. It's also helpful to keep the big picture in mind and persistently move towards what you want to accomplish.

- ***What is a key big picture image representing your best self that you could keep in mind on your journey?***

- ***Which Archetype/s could you use to stay focused on this big picture? Why that choice?***

SIMPLE RULES

People are highly complex, and personal change involves complex processes of adaptation to situational demands. Despite being complex, such behaviour and processes are in fact driven by a few simple rules.

Identifying and following a few simple, key thoughts and actions can help you to deliberately create the results you want in life.

- ***What simple key thoughts or actions could you follow that might be helpful for you on your journey?***

- ***Which Archetype/s could you use to follow these simple keys? Why that choice?***

FLEXIBILITY

Flexibility is the capacity to adapt to ever-changing life demands in both habitual and novel ways. This involves shifting perspectives and/or behaviour in the various areas of life, maintaining stability while being open to and seeking the new.

You can proactively try out fresh perspectives and behaviours and deliberately manage your responses to life demands. This can help you to deliberately create the results you want in life.

- ***What new way of thinking or acting would perhaps be helpful for you on your journey?***

- ***Which Archetype/s could you use to enact that new thinking or acting? Why that choice?***

Appendix L

Study 2

Boardgame Play:

Examples of Ideal Self Conceptualisation

At the outset of boardgame play, at The Call story step, participants were required to imagine their ideal self in the context of a valued goal. The coaching aim was to assist participants to form a positive emotional 'connection' to their ideal self. This would serve as the motivational driver that would initiate and sustain their personal change in the game. In complexity terms, participants' ideal self conceptualisation can be understood as the perturbing factor that destabilised their undesirable current self negative emotional attractor and initiated the nonlinear process of change towards their desired ideal self positive emotional attractor. Some participant responses from the ideal self imagery exercise are presented.

Participant	Boardgame context	'Connection' with Ideal Self
1	Participant conducting important staff training programmes in his new job. "I'm on a journey of building my confidence. The task is quite an intense challenge. It's uncomfortable and I'd like to make it more comfortable."	Joy. It's a feeling of happiness. Very positive experience. I guess it's where my journey's come to. Even in the face of real adversity, that is the space that I sit in most of the time. It's been a long journey to get to that space of not being judgmental on self. It's a nice space. It's what I will try to create for myself.
2	Participant leaving a relationship and finding a new home for herself and her children. "I'm 98 percent out the door but that final leap is a bit scary. So the relationship is ended, but me leaving with the kids, that two percent I need some extra inner strength."	Positive. Not relief, but empowerment I guess. Happy. Sound was like a Saturday morning when we were kids. Saturday morning was chore morning so the music was on and the windows were open and that's what I want for my kids, that routine and happy sounds in the home. A nice positive experience.
3	Participant finishing up his work in a competent, professional but warm manner. "I'm leaving my job in two weeks' time and it would be good to do that in the best possible way."	It's interesting, because the thing I'm picturing is going to happen anyway and now that I picture it in advance it seems like it's going to be quite good. I'm sitting down with my boss, the sun is coming through the window, and it feels very achievable to do it the way I want to. It's a very positive experience.
4	Participant walking his dogs three days a week to resume a previously enjoyed exercise routine. "We both love going for walks. It makes the dogs happier and it makes me happier. And I feel guilty because I'm not doing it."	I feel good within myself. I don't feel guilty anymore that I haven't taken the dogs out. The non-guilt thing makes me feel better. I just feel better within myself. And I feel healthier, which is great.
5	Participant being more organised and focused in performing his duties at the local football club. "I'm	It's good because I'm more relaxed. I'm more relaxed and I feel more in control and I feel good that I've actually been prepared, so

	a committee member at the club and I keep putting off urgent tasks that need to get done."	I have a sense of accomplishment and pride in that I've been that planned.
6	Participant assertively resolving a conflict situation with her "abusive" ex-partner. "He's so very controlling and I'm like a deer in headlights. I want to be more assertive and have a conversation with him about no more contact."	It's just so simple and peaceful. I'm in my kitchen cooking and there's lovely music on and I'm self-sufficient and he's nowhere to be seen. I just feel whole. It's a nice feeling.
7	Participant reconciling with her mother. "I'd like to re-establish connection with my mum. It's been a long time since we just enjoyed each other."	This made me want to cry, in a longing way. Because I don't have it yet. Made me want to cry, but it also made me feel really relaxed. It's worth pursuing, working towards.
8	Participant walking up and down stairs at home for exercise, as part of coping in aftermath of her husband's death: "It's hard for me to make plans. I don't commit myself to anything. It depends on how I feel that day. But I want to exercise three times per week."	I'm a lot stronger, especially in my legs. I can picture this. Motivation to go up and down stairs, benefiting blood an oxygen circulation to body and brain. Imagining doing this makes me feel stronger and more healthy and more motivated to do other things. It feels good. I feel strength. I feel motivated. Imaging this makes me feel more healthy and more motivated to do other things.
9	Redefining personal life to be less work-focused, starting with setting aside time every day to go for a 40-minute walk: "Having energy at the end of the day to do something for myself. I'm so out of shape it's not funny. My ideal self is not complacent. It's an energetic best self."	It really made it apparent that I am the only person stopping myself from actually doing this. I just wanted to punch someone internally. How did I let this happen? How have I let my desire for comfort overrule everything else? I realised doing this that I had more comfort in doing physical stuff before. Just to do it for itself. Get attuned to the idea that the activity itself may give me comfort.
	Participant representing herself at a legal hearing in a bitter rental dispute: "I may be becoming homeless	I stay calm, give my head time out from my problem, do what I've got to do, and let it go. Stay calm and not let this problem be my

10	soon. Do I stand up for myself or not? I've burned my bridges and pursued it."	only focus, give myself time out from it. Calming. I had a smile on my face. I was just smiling, feeling calm. I mean that's incredible for me. Just this sense that there was no anxiety… calm, a calmness. I mean that's a nice feeling. I haven't had that very often.
11	Participant wanting to express himself more freely in relationships: "I have multiple personality disorder so it's hard for me to have friends. Sometimes you can't control who you are and people don't understand that."	It sounds strange, but it's standing up to people. I let my feelings be known instead of being shoved around and hiding from certain things. It was good. It was like a breath of fresh air. Nice positive experience.
12	Participant facing an urgent, important decision about her career direction. "I'm fearful, because it means taking action and I don't feel ready to take action. That's why I'm resisting the call."	It's an internal sensation of having that strength and determination to be who I am other than avoiding, which is great. I believed in myself before so I can connect now with how I felt when I was in touch with that self.
13	Allocating time for reflection and intention regarding the use of personal boundaries. "It's about undoing dysfunctional negative stories taught to me. I have a huge problem with boundaries, being a doormat, people-pleasing. Being honest with people about how I feel and strong enough to stand on my own so if people leave me I'm okay. Being truthful to myself and to others."	It's a picture I've had for a very long time. It's where I want to get to I suppose, and I got there very quickly in my imagination. What I want to achieve is my own place, where I can connect with the earth and have my veggie garden and ducks and chooks and lots of animals, where we're safe, my sacred place, somewhere I've earned and worked for and its mine and that girl, that woman in that, is at peace, even with things happening around her. So it's a stage and not just a house, its being at peace regardless of circumstances.

Appendix M

Study 2

Boardgame Play:

Examples of Narrative Identity Challenge

In boardgame play, participants were required to address a narrative identity challenge at each storyline step. This involved engaging in a series of coaching questions designed to facilitate the actualisation of their ideal self (preferred identity). In complexity terms, narrative identity challenges were bifurcation points where participant responses shaped their developmental pathway in the boardgame. Examples of participant responses at narrative identity challenges are presented

Participant 1

SETBACK

Narrative identity challenge: In narrative identity, a person's story typically has obstacles and setbacks in which the central theme is overcoming. The challenge at the Setback is to consider how to overcome a significant setback on your journey.

Coach: *Identify a possible significant setback to overcome on your journey*:

Participant: Possibly the relationship I went through, that I haven't moved on and it is months later. If I can be clear about this I can be forearmed for other stuff because nothing will ever be as bad, as difficult as this.

Coach: *As your ideal self, how would you overcome this significant setback?*

Participant: To realise that it doesn't matter what she says to other people or what other people think. What matters is what I think, that's what matters. I know I treated her well. And I know it's because of her inability to accept any responsibility for anything that she has to do this. But I'm almost there.

Coach: *How is that different from the way you would currently overcome this setback?*

Participant: Well, a part of the struggle is that my own self-esteem is low, which is funny because I was always very confident. And I am. But the self-esteem stuff is where I struggle. So, that's something that's tough. It's a lifetime's work because I don't look at myself in many ways, like I don't pat myself on the back ever. And so to look at it despite all my issues, I'm doing really well. I should be really proud of myself, but again it's this struggle that its other people's validation that validates me and not my own and so now I'm not feeling as well as I should and so that's the difference. In the ideal self I would have that sort of self-esteem and recognise a lot earlier that the relationship was not healthy, that the girl needs help and I will be damaged by having her around.

Coach: *What inner resources (strengths/qualities) could you draw upon to overcome that setback?*

Participant: This is where I'm stuck. Because I'm trying to like myself, trying to improve and pat myself on the back. I'm trying. That's heavy stuff. I've got some insight and it always felt deep but it's come up against this wall that I don't want to breach. I've educated myself, but I keep trying, just keep trying. She thinks I did all these bad things, paints me as black as black can be, every memory is bad, and that just kills me because I want people to think good of me, and asking how can you think I would do that drives me insane.

Coach: *Which archetypes and strengths/qualities could you use to overcome that setback?*

Participant: Sage with Non-attachment, that it's my stuff and my journey and it doesn't necessarily mean that's reality, and that's the one I fall down on. I get into trouble with it because I tend to think that my thoughts are my reality and everybody else thinks pretty much similarly and we're all on an even keel. Well, we're not. And again, I should take from that that I'm very lucky to have lived the life I've had and lived the experiences I have, to lead me to be able to recognise the difference. Adventurer as Pioneer, like find the ways to do it. Just because you don't have the answers doesn't mean they're not there and doesn't mean you can't. Comes in with Individualistic in that you will figure it out and it will be your way and it will be your solution and that no-one else's will work for you, because they never do. And it might take time so you need to be patient as well. You'll figure it out.

Coach: *(Pause and reflect.) Based on the above, what action/s could you take to overcome that setback?*

Participant: Go and see a counsellor and talk about it more. Talk about acceptance, that's where I struggle. But also, I take strength from the fact that most people in her life manipulate or scheme to get what they want or play along with lies, and I wasn't going to do that. I wasn't going to take a backward step. I draw strength from that. I'm not going to pretend that everything is okay when it's not.

Participant 2

RISING ACTION

Narrative identity challenge: In narrative identity, a person's story may be simple or complex depending on their different life roles and the way they manage them. The challenge at this step is to consider how to manage your difference life roles on your journey.

Coach: *Identify some of your different life roles and the main one/s.*

Participant: I'm a mum to three kids. I'm very, very, very passionate about animals and I have four cats, two dogs, two budgies, and a rat so I'm a mum to my animals. I'm also a carer to my dad. I'm a daughter. I'm a sister. I'm a partner. I'm a teacher and that is huge responsibility. And I'm also a person in this big, wide world. My main role is that of mum. The time that is spent worrying, the energy that I must put into being a mum and a support worker is a lot because they are the most demanding in my life.

Coach: *How would your ideal self manage life roles on journey?*

Participant: Just the word balance comes to mind. There's got to be room in there for self-care. And that's what's falling down. So, balancing responsibilities with self-care. But maybe part of balancing responsibilities is really letting go of responsibilities that are a problem. I feel pulled in absolutely every direction. I can't meet all the needs. I can't run a house and have it absolutely perfect. I can't do everything. Because I'm essentially a single mother to my two eldest, my 19 and 20-year-old boys. And nobody saved me. There were mentors and seeds sown but ultimately, I had to do it alone so I guess there's a little conversation in my head about that with my boys that ultimately they have their own choices and it's their lives and their journey. I gave them life and I've tried really hard, but now it's time to leave, go, do your own journey. But I have an intense fear of my boys being killed. I would completely fragment, I don't know how I would survive. So I feel this intense responsibility because I chose to have these children, and to me that is bigger than work, especially when they are suicidal.

Coach: *How is that different from the way you're currently managing life roles?*

Participant: It's very different. It can be chaotic and overwhelming, and I'm almost rendered just not very efficient.

Coach: *What inner resources (strengths/qualities) could you draw upon to manage your life roles?*

Participant: Self-care, and that involves everything. Time-out. Support for me. Reflecting on what my responsibilities really are, getting clarity on that. It's funny, because I consider myself quite a spiritual person and I certainly believe in God yet I can't hand my kids over.

Coach: *Which archetypes and strengths/qualities could you use to manage your life roles?*

Participant: To create balance in my life I need discipline, mental strength, so Warrior with Courage and Determination. Adventurer with Creative Thinking because things are seriously not working and Pioneer because I haven't been shown this before and I'm fine-tuning it. And even Sage Wisdom obviously because at the moment I'm drawing on what I don't want.

Coach: *(Pause and reflect.) Based on the above, what action/s could you take to manage your life roles?*

Participant: Seek support. Prioritise. Self-care. I think seeking support. I just know that releasing what I don't need to take on is just maybe something I need to work through. Seeking support could even be a book, it doesn't have to be seeing a psychologist because I don't even know when I would have time to do that.

Appendix N

Study 2

Boardgame Play: Example of Ideal Self Actualisation

In boardgame play, participants were required to repeatedly access their inner resources to address the narrative identity challenges at the storyline steps. This involved accessing both their known inner attributes and novel agentic archetypal attributes. The coaching aim was to assist participants to actualise their ideal self in the game by facilitating an agentic (hero's journey) schema/script as a habitual pattern of functioning. In complexity terms, this can be understood as the formation of participants' desired ideal self positive emotional attractor as a shift away from their undesired current self negative emotional attractor. An example of one participant's agentic responses in relation to narrative identity challenges is presented.

1. THE CALL

Narrative identity component: Preferred identity.

Narrative identity challenge: Clarify journey direction, purpose and meaning.

Dee (47) (fictitious name) was formerly employed as a senior managerial consultant in a large organisation. She experienced a reputational career setback and was unable to continue that work. At the time of playing the game she was a state welfare beneficiary. As context for the boardgame intervention, Dee chose the goal of pursuing suitable full-time employment. She linked this to her values of independence, integrity, respect, and recognition. Her purpose and meaning in this goal was fulfilling her potential and contributing to society. She conceptualised her ideal self as creative, passionate, dedicated, hard-working, intelligent, resilient, and courageous.

2. THRESHOLD

Narrative identity component: Underlying beliefs.

Narrative identity challenge: Choose what belief/s could best support you on your journey.

Supportive belief: I can do almost anything.

Coach: *What inner resources (strengths/qualities) could you (as you know yourself) draw upon to support that helpful belief?*

Dee: Resilience. My values. And really what's important, I like to believe in the good in people. I know there's a lot of bad and evil, but I like to gain strength from people that are good and decent. Because that's what I value, that's how I want to live my life. Yeah, resilience, my values, believing in the good and decent people, education, experience, and my passion. I'm passionate about nice things. A nice clean home, nice food, pretty things, appreciating when you walk the streets, "oh isn't this pretty" rather than looking at the rubbish that people have thrown there. Focusing on the plus. You have control of what you would like to say. You can almost erase the ugliness by focusing on the prettiness scattered amongst it. It's being a selective or conscientious observer.

Coach: *Which Archetype and strengths/qualities could you use to support that helpful belief?*

Dee: Well definitely the SAGE. Knowledge, Non-attachment, Wisdom. And the WARRIOR. Determination, Discipline. Courage definitely. The ADVENTURER. Autonomous. I guess being true to yourself and Individuality comes back into it. And Creative thinking. Sometimes you have to put yourself into a different zone, you block everyone out, you just focus on

what matters to you and the rest is just ancillary.

3. ROAD OF TRIALS

Narrative identity component: Dominant attitude/s.

Narrative identity challenge: Choose what attitude/s could best support you on your journey.

Supportive attitudes: Confidence. Honesty. Gratefulness. Empathy.

Coach: *What inner resources (strengths/qualities) could you (as you know yourself) draw upon to support those helpful attitudes?*

Dee: I guess experience. Hardship can make you strong, but I also want to focus on the good life. I'm not violent-natured. I'm actually quite sort of a peace-loving person, I want to stress that. I don't want to kill everyone in the neighbourhood. So a peaceful disposition. I do like to speak my mind, but what I like most is peace and quiet and things running smoothly. You resolve any issue in an amicable manner, with diplomacy and tact.
Coach: *Which Archetype and strengths/qualities could you use to support those helpful attitudes?*

Dee: The ADVENTURER. Maintaining one's Individuality is important without a doubt. Also certainly the SAGE. Wisdom, which is an ongoing learning curve. Healthy Scepticism. Non-attachment, which is a difficult one for me because I do take things personally and that's my defence mechanism. Also having the courage to say "hello it's not okay what you're saying to me". It's important without being unrealistic, you just stand your ground, that's what matters.

4. SETBACK

Narrative identity component: Story turning points.

Narrative identity challenge: Identify a possible main setback on your journey and consider how to overcome it.

Possible setback: Lack of opportunities.

Coach: *What inner resources (strengths/qualities) could you draw upon to overcome that setback?*

Dee: Courage. Determination, and also honesty. And individuality. I don't expect everyone to like me, but I would like for the right people to like me and that's all I need. I don't care if it's only one or two, it's all I need. I don't need twenty, fifty friends. I don't have them anyway. So choosing quality over quantity most definitely.

Coach: *Which Archetype and strengths/qualities could you use to overcome that setback?*

Dee: WARRIOR. ADVENTURER. I very much thrive on people who don't bore me with "oh but this is how it is and you've got to follow this". I like for someone to help me be outside the square. Being a management consultant, with that background you don't follow the path of least resistance, you bang your head against the wall many times and then the wall comes tumbling down so to speak. That's the kind of thing I like, where there's a bit of a challenge. It's not mundane, just follow the little steps. I mean that's kindergarten stuff. Again definitely the WARRIOR. Courage, Determination, Skills. The ADVENTURER. Individuality, even Pioneer to the point where who's to say I can't approach a politician. I mean do they actually know what goes on in these places? Do they have an inkling? Do they know how hard it is for a mature-aged capable person to find a decent job? You just do rubbish work so you can report a couple of dollars earned. It's nonsense, sorry.

5. RISING ACTION

Narrative identity component: Managing aspects of self.

Narrative identity challenge: Identify your life roles and consider how to manage them on your journey.

Life roles identified: A member of society. Welfare recipient.

Coach: *What inner resources (strengths/qualities) could you (as you know yourself) draw upon to manage your different life roles?*

Dee: I'm isolated. I don't have many roles. But same again. Courage, personal values, determination, have some meaning in life. If you just sit back and just let everyone do whatever, that's not really having any meaning in life is it?

Coach: *Which Archetype/s and strengths/qualities could you use to manage your different life roles?*

Dee: Again, definitely the WARRIOR. Courage, Determination, Skills I guess. ADVENTURER. Autonomy, and being an Individual. I guess the SAGE. Knowledge too. I can't fully relate to Non-attachment because external behaviour does affect you, so you don't want to detach yourself from the community you're in, there's the knowledge that it's there. There's Healthy Scepticism too, that certain things that have been done in the past they just don't work, it's just more of the same. So you have to look, open your eyes and look at the real issues at hand, don't brush them under the carpet because that's not helpful to society or the economy.

Appendix O

Study 2

Game Evaluation Sheet

At the end of the boardgame trial, participants were invited to give feedback on the game. A game evaluation measure was developed that allowed participants to numerically rate the boardgame and provide written feedback about their playing experience.

Game Evaluation Sheet

Directions: Please rate the following items on a continuum. Please circle one number in each area:

Game idea (personal development/building preferred identity):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

Game theme (hero/heroine's journey)**:**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

Playing mechanisms: (game play)

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

Game play matched the game theme

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
did not match matched very well

Complexity:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
very simple very complex

Game instructions/rules:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
very simple very complex

Uniqueness (difference from other games):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
not much different very different

Playing time:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
too short too long

Appearance (graphics/illustrations):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

disliked loved

Interest (engagement in the game):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

disliked liked

Fun:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

boring great fun

Repeat play (how often would you play this game?):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

never again a lot

Coaching format (how much did you enjoy playing with a mentor?):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

disliked loved

Game playing options: (what you can do on each turn)

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

not enough too many

Game board:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

disliked loved

Game board size:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

too small too large

Game board graphics and layout:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

disliked loved

Game cards (Personal Change):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

disliked loved

Game cards (Archetypes):

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

Game Playing Guide:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

Game Playing Guide graphics and layout:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

Game Playing Guide text size:

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
disliked loved

- **What did you like most about the game?**

- **What did you least like about the game?**

- **What suggestions do you have for improving the game?**

- **Any other comments?**

How helpful did you find the game learning in real life?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

not at all very extremely helpful

How much progress did you make towards your chosen outcome in real life?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

none some a lot

- **In what main way/s did the game help you in real life?**

- **What did you find most helpful about the game for use in real life?**

- **What did you find least helpful about the game for use in real life?**

- **What is the single most valuable or important 'take away' for you from the game?**

Appendix P

Study 2

Boardgame Trial: Examples of Participant Feedback

As part of their evaluation of the boardgame, all participants gave written feedback on their game-playing experience. Examples of their responses are presented.

Narrative Coaching Boardgame: Participant Feedback (Clinical Group)				
Players	**In what main way/s did the game help you in real life?**	**What did you find most helpful about the game for use in real life?**	**What did you find least helpful about the game for use in real life?**	**What is the most valuable or important 'take away' for you in the game?**
1	Realising the way I think about myself.	Suggestions and ways to do things.	*(No response)*	Possibilities in life.
2	It made me aware of different ways of looking at challenges and life goals.	It opened a lot of options to consider to make life more manageable.	It was difficult trying out some of the exercises.	That I do have hope for a better life and I have skills now that I recognise as being reachable to get where I'm going in life.
3	Understanding. More awareness.	Happiness, wise, and good to realise good in life.	Not understanding some things.	Knowledge and understanding of how to prepare yourself for future reference.
4	Helped me to realise the importance of self-reflection. The idea of the 'ideal self' was very helpful.	The idea of the 'best self' by preferred thinking.	*(No response)*	Being more disciplined with considering what my ideal self would do.
5	Made me goal-focused. Thought about my goal every day.	You choose a simple and attainable goal.	Maybe need to meet facilitator more often to ensure you stay focused.	Personal change is achievable and discussing it in a boardgame setting is an original way of discussing personal change.

6	To look after myself.	Say "no".	*(No response)*	*(no response)*
7	Encouragement. Structured self-evaluation. Not being too serious. The potential for personal change.	Repetition. Questions asked (systematic). The easy-going approach.	Differentiation between internal and external drivers. For me, difficult to separate the two – takes more personal time.	Learning about yourself with honesty. Methodology for a quick self-evaluation.
8	Forces one to think about self in relation to the world. Encourages empowerment.	Identify strengths and weaknesses.	*(No response)*	Thought + action = progress.
9	Hit the 'pause button' and think about decisions.	Opened up different direction of thought and behaviour.	Nothing.	Hit the 'pause button'.
10	Gained awareness of archetype attributes operating in real life and the potential to access those skills as needed. The heroine is already within me.	Completing a journal – reflective practice. Noticed so much when reflecting on day. This carried over to the next. Utilised archetype attributes as I became more aware of their presence/potential.	Nothing really. All positive.	INSIGHT!! = <u>HOPE</u>
11	Changes made.	Relatability to reality!	*(No response)*	Press the pause button!!
12	Made me think.	Ideal self.	Time.	To take the time to think about

				and love me.
13	It helped me identify strengths that I could use to help me in everyday life.	Drawing on strengths.	*(No response)*	Strengths and values.
14	I was able to draw on what was happening in the here and now and build plans to move forward in a constructive and positive way.	Made me reflect on how close I already am to fulfilling my ideal life and that already have most of the resources I need.	N/A.	The importance of re-evaluating self-talk monologues and ruts we get into and opening ourselves to authentic dialogue and creating new opportunities in life to pursue.
15	It made me reflect then come up with concrete steps.	Taking time to reflect.	The time it takes – you might need more player options.	Finish tasks, make sure what you are doing is important/helpful.
16	Challenges can be overcome.	Self-reflection.	Nil.	Honesty, values.
17	Forced me to consider where I am in life and where I believe I could/should be.	Being able to think back on the Archetypes and their strengths and reflect on how I can use them from day to day.	Nothing.	What I learnt about myself.
18	Gave me the realisation that there were a few changes I	Putting actions in place to help achieve the outcome.	Nothing in particular.	Being self-aware and hitting the pause button to choose

	needed to make.			what path I take.
19	Catalyst.	Focus.	Rolling the dice.	Revisit old areas of life.
20	Realising I need to face things.	Strengths, qualities reminder.	*(No response)*	I can achieve. I have a good mindset.
21	Understand things can change.	Using different tools.	Nil.	You can achieve life.
22	Made me analyse my own thoughts and actions. Gave me reason to change the way I act and think.	Being able to write down my thoughts and reflect on them meaningfully.	*(No response)*	The learning journey.
23	*(No response)*	*(No response)*	*(No response)*	*(No response)*
24	Learned about self.	The questions.	N/A	Love and appreciate self.
25	*(No response)*	*(No response)*	*(No response)*	*(No response)*
26	Think clearly and be more in the NOW!	Help to realise we have toolboxes to use to help us through life.	*(No response)*	Analysing your thinking helps.
27	I thought and considered more knowledge about myself.	Words and example.	N/A.	To be my best self in practice.

28	It pointed out ways I can identify goals and plan a way to achieve them.	As above.	Using the dice.	Setting up a plan to achieve my goal.
29	Provided skills to use on a day to day basis that were developed by me!	Its practical application and its simplicity.	Rolling the dice.	New ways of managing my active mind and goals regarding control issues. I liked "push the pause button".
30	Rethink my position. Reset thinking around activities for own resilience and wellbeing.	Reflection time and verbalising/discussing everything gives me clarity of thought.	Scoring with the dice.	I need coaching in life more regularly.
31	Gave impetus and a beginning point.	Thinking about strengths.	Seemed a little unreal.	Change sometimes needs a game.